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ORIGINAL DEPARTMENT.

LECTURE.

BRIGHT'S DISEASE.

A CLINICAL LECTURE BY WM. PEPPER, M.D.

Delivered at the Hospital of the University of Pennsylvania.

Reported by LOUIS J. LAUTENBACH, M.D.

This patient, as you will see later, brings before you some very important questions of great practical interest. He was admitted on Saturday, in a stupid state; we were, for the time being, destitute of any history. On the night of his admission he had two or three fits, since which time they have not recurred. As I said, he was in a stupid condition on his admission; that afternoon he was in a delirious state, which, you may see, remains still, although he has markedly improved since his admission. The next day his sister came to the hospital and we obtained as much of his history as possible.

He is 62 years old, lives in Chester Co., never married; he has been a builder and contractor; his father died of heart disease, his mother of dropsy, at the age of 85, two brothers and two sisters died of consumption, one brother of strangulated hernia. He has surviving one brother who has rheumatism while another has heart disease. None of his brothers or sisters had reached advanced age when they died. Our patient is the eldest of the family. He has been an industrious, active man; never drank liquor to excess; there is no history of venereal disease, nor are there any traces of it; he appears to have been very careful in his habits. He was always healthy, except he had once some fever, since which time he has always been somewhat deaf. Except this attack of one of the fevers, he was

always healthy, until twenty years ago, when he became involved in business difficulties, since which time he has always talked strangely when discussing business topics; on all other subjects he was perfectly clear and rational. Two weeks ago extreme œdema, involving the lower limbs and extending to the groin, appeared. At the same time the hands and the lower part of the face began to show signs of œdema. Since this time his sister knows nothing of him until his admission here last Saturday.

Examining our patient we see a distinct degeneration of the cornea; an arcus senilis around the rim of the cornea; the abdomen is moderately distended with gas, containing no water, it being resonant everywhere, even on the flanks: a liver certainly not enlarged; without enlargement of the spleen; a very weak heart, the apex being felt with difficulty. His pulse, as he lies before us to-day, is slow, 52 in the minute, regular, a little labored. The radial artery is atheromatous, rigid, and a little rough. The heart is slow, deliberate and labored; the first sound rather low, while the second is accentuated. There is no effusion in the chest nor around the heart; there is no heart disease. The leg is distinctly pitting on pressure. His tongue is moist, not coated. He has a good deal of thirst but very little appetite, but he willingly takes all I allow him, two ounces of milk every two hours.

As you would naturally expect, we would turn to this man's urine: a dropsy coming on, without any disease of the heart or liver, we would turn to the kidney as the source of the dropsy. It is what might have been expected; a case of Bright's disease.

Examining his urine, we find it strongly albu-

minous, giving a heavy precipitate by boiling, not being affected by nitric acid. Examining the sediment which deposits on standing, we find quite numerous tube-casts, also large amounts of renal epithelium.

Bright's disease with dropsy, with some mental derangement, with convulsions; such a state would be called uræmia. This gives you a bird's eye view of the case.

We will inquire first into the diagnosis, and second the sort of Bright's disease, the kind of kidney which probably exists, and the probable cause of it, and the treatment of this and some of the other forms.

There are immense numbers of symptoms which would make you suspect Bright's disease; the mere enumeration of these would, were I to attempt it, probably not be concluded at the close of the hour. We will, however, examine some of them.

Nervous symptoms, such as giddiness, recurring headaches, mental obscurity, failure and confusion of memory. This group of symptoms are sometimes the first to indicate the presence of the disease. In nearly all the forms it is not only the kidney that is the seat, but very many organs are affected in various parts of the body. For instance, let us take the chronic gouty kidney, where it is hard, small, puckered and tough. Here the fibrous tissue of the organ is increased and the tubular structure is infringed upon. Beside this thickening of the fibrous tissue in the kidney the same tissue is thickened in whatever parts of the body it may be found; the arteries are affected; so also the arch of the aorta, as well as the valves of the heart; the fibrous tissue of the liver, spleen and spinal cord is increased. It is really a localization of a general condition more marked in the kidney than elsewhere; were it more marked in the liver we would have cirrhosis of the liver.

It may therefore be expected that in this form of Bright's disease we encounter very varied symptoms in different cases. Sometimes the nervous system particularly is affected, and we have loss of memory, mental derangement, delirium, etc.; again, we may have irregular vomiting, loss of appetite, irregular bowels; the pulmonary organs may suffer most; we may have inexplicable dyspnoea, paroxysmal; the circulation may be accelerated, the pulse irregular; and yet the cause of any or all of these may be the same, the kidney being the principal seat of trouble, but it not being observed until late in the case.

Malnutrition without evident cause may be de-

pendent on kidney disease. We cannot possibly recognize all the cases of this affection unless we keep our mind perpetually awake to the possibility of their occurrence. We are never safe from fear of overlooking Bright's disease unless we make it a rule to examine the urine, not only of chronic, but also of acute cases. If you find albumen in the urine, and on microscopic examination decide the presence of tube-casts you have then made a certain diagnosis.

We will now examine the sorts of disease included under the head of Bright's disease, leaving out, however, the acute, and only take up the chronic affections. Of these we recognize three distinct forms, which are sufficient for all practical purposes.

1st. Chronic catarrhal, or desquamative nephritis.

2d. Chronic interstitial nephritis, or fibroid kidney.

3d. Chronic amyloid, or albuminoid nephritis.

Here we have three widely different conditions; different in the causes which produce them, different in the structure of the kidney which is caused, as well as different in the effects on the system which they produce.

We will consider the last, albuminoid degeneration, first. It is a state where the normal organic elements of the body do not remain, but are replaced by a structureless and inert material, which finally converts them entirely into this structureless material. This process may affect all parts of the body. It comes on when the system has been broken down by wasting discharges, chronic suppuration, necrosis or caries, attended by a profuse discharge of pus. In this case we have no cause like those mentioned. This degeneration, when localized in the kidney, gives rise to a form of Bright's disease.

In albuminoid kidney the secreting structure of the kidney not being able to reabsorb the albumen, it is found in the urine in large amounts. The urine is pale, transparent, copious, and contains a large amount of albumen. Tube-casts are numerous, usually hyaline. Specific gravity of the urine is usually moderate. As the vessels all over the body are affected, we have a large amount of dropsy, in form of œdema, also of ascites, as the liver is often enlarged.

Had this case had constitutional syphilis, or any exhausting discharges, or any evidences of enlargement of the spleen and liver, then we would know that he had this form. This is the most dangerous, hopeless and rapid.

The next form, chronic interstitial nephritis, is

the one most apt to be overlooked, the form for which you are ever to be on the lookout. Hardly any one will overlook either amyloid or catarrhal nephritis, the symptoms are so well marked to the patient, but here it is a gradual change, and is not noticed; it may last very many years. I have a number of cases where it has lasted ten to twelve years. It certainly may last ten, fifteen, twenty, or even twenty five years, under favorable modes of life.

The causes of this form are numerous: repeated congestions, being exposed to violent alternations of weather, all tend to bring on this form. It comes on very slowly, and is seldom noticed until late. Excess in the use of alcohol undoubtedly, in the end, sets up a tendency to a fibrous change all over the body. Slow chronic syphilis, the passage through the body of morbid matters, as arsenic and lead, passage of effete matters through the body, as in gout and various other conditions, tend to set up this form of renal disease.

At first, various minor matters of life, which, perhaps, formerly proved a source of pleasure, begin to worry him; his appetite is not as good as it has been; but no special failures of function are noticeable. A cardinal idea—where there is unexpected loss of health, the urine is invariably to be tested.

In this disease the urine is excessive, polyuria, as the blood pressure has been increased. There is little or no albumen present, as it is nearly all reabsorbed. Tube-casts are rare. We may look at five or six specimens of urine and examine five or six slides of each, and at length be rewarded by finding, after focusing superficially and deeply, a very delicate hyaline cast. The specific gravity of the urine is low. There is a tendency to fibrous change elsewhere; the vessels, retina, nervous system, lungs, heart, stomach and bowels all undergoing change and giving rise to various symptoms, according as one or other of the systems of organs is most affected. Gastric digestive derangements are quite common, frequently early in the case. There is no enlargement of the liver or spleen. The second sound, or valvular sound, is strong and heavy, as the arteries are contracted and the fibrous tissue of the valves are thickened.

Lastly, we have for study the catarrhal nephritis. It is the most frequent of all the morbid processes of the lining membrane of the tubules of the kidney. Its most frequent cause is colds, ordinary catarrhs, as well as the catarrh of the specific fevers, repeated slight exposure to cold draughts. In chronic catarrhal nephritis we are

apt to have bronchial, gastro-intestinal and hepatic catarrhs with it.

As the kidneys are obstructed, the urine is scanty and high-colored; in the two other forms it is of a light color. Albumen is abundant in this form. The tube-casts are numerous, epithelial or granular. The specific gravity of the urine is not very high. Other diagnostic marks are the frequency of other catarrhs, the marked tendency to retention of effete matters, and we are very apt to have uræmia.

As we have seen, the diagnosis of the albuminoid form is very easy. The second or interstitial nephritis is also easy to diagnose when not complicated. The catarrhal form is frequently easy to diagnose. Very often, however, these forms are more or less blended or interlaced.

This case illustrates this blending very well. He was off his head on business, eyesight dim, generally run down, arteries rigid, cornea undergone fatty degeneration, left ventricle a little hypertrophied, with the second or aortic sound too strongly accentuated, no enlargement of spleen and liver; his digestion was disordered. So far all the symptoms would point to chronic interstitial nephritis, and undoubtedly he has had it. For about two weeks we have a different history. His mind wandering, he left home, and being exposed to the weather, which has been very changeable and trying, we would naturally expect a case of catarrhal nephritis of about two weeks' standing. He has had catarrhal nephritis grafted on the interstitial. We now find rapid interference with the functions of the kidney; dropsy coming on rapidly, seen in hands and feet, suppression of urine more or less complete, which in turn gave rise to the blood poisoning by the retained effete materials, and in consequence, he had uræmia. As to the quantity of urine, we find that he, in the last twenty-four hours, discharged thirty-six ounces of urine, of a specific gravity of 1.020. On examination there was found abundant albumen and numerous tube-casts. The twenty-four hours previous to this he discharged but twenty-six ounces of urine.

We have to deal with a mixed case. The causes were probably malnutrition, anxiety, anæmia, hard living, exposure, setting on foot an interstitial nephritis, and thus, two weeks ago, was grafted on this a catarrhal nephritis of a somewhat acute type.

Under what is termed uræmia, there are many conditions associated; it is not only urea which is retained, but all the waste matters are imperfectly removed. A condition of blood poisoning

by retained matters, and as a consequence, the circulation is at fault. We find quite often in these conditions œdema, often of the brain and spinal cord; the interfibrillar connective tissue is involved. It is a very complicated morbid condition; sometimes one element sometimes another preponderates.

In regard to the treatment of these cases, we will take, for instance, the patient before us. There are two distinct divisions of treatment through which an individual afflicted with chronic Bright's disease must pass. They are first the habitual treatment throughout months, and second, the treatment of the crises or special symptoms; the first for the production of a permanent effect, the second for the immediate condition. It is very important to recognize these two classes of treatment in all the forms of chronic disease. The main treatment is directed to the existing pathological condition, and we only take notice of special symptoms when they appear to be threatening or interfere with our regular treatment.

Among the temporary conditions which it is necessary to treat are vomiting, indigestion and diarrhœa, very common; and I don't care what form of Bright's disease it may be or what the treatment you are pursuing, you must for the time being discard your treatment and treat by suitable diet and corrective measures. Say, for instance, your treatment consists of the tincture of the chloride of iron, and you have been pushing it for some time, and the patient begins to vomit; you push on the chloride; vomiting still occurs; you give more of the chloride, and yet the vomiting remains. If you persist in such treatment you are more apt to kill the patient by breaking down the digestion than you are to cure him, be your treatment the very best possible for the pathological condition.

You must stop and get the condition rectified by a rigid diet, and by the use of creasote and soda, or of calomel. Again, we must pay special attention to the pulmonary condition; we may find marked dyspnœa, which may call for the use of dry cups, the use of carbonate of ammonium, and the patient to be put in bed until he is rid of the temporary embarrassment. Again, dropsy, with or without symptoms of uræmia, may call for the suspension of the regular treatment, the immediate condition demanding all our attention.

I am very anxious to put this man on bichloride of mercury and tincture of the chloride of iron, as soon as possible, but the time has not come yet; we must wait. We must get him rid

of the dropsy and the nervous symptoms which are present, probably to a great extent due to the poisonous materials circulating in the blood, and possibly to the œdema which may exist.

In the first place, we must not use powerful stimulating remedies; the nervous system would not respond, and we would only add to the trouble by reflex irritation. We must enforce a rigid abstinence from stimulants and all foods, as far as possible, till the fluids which clog his system are absorbed. His heart sounds are not very poor, the pulse is regular and pretty strong; were it intermittent, irregular, weak, then we would use an opposite treatment, such as digitalis and alcohol, and the dropsy would disappear.

We are at present giving him a minimum amount of food, two ounces of skimmed milk every two hours, day and night. Already the dropsy has very markedly disappeared; it is scarcely noticeable in the hand, while the legs have become smaller. As long as he has an albuminous fluid as rich as beef tea under his skin we will get him to feed on that.

We will also try to free his system from effete matters, by the use of jaborandi. Last Sunday he received six doses, of ten drops each, of the fluid extract of jaborandi. That evening he sweated quite freely. On the 18th, Monday, his œdema having decreased then, one-half drachm of jaborandi leaves were put in four ounces of hot water and strained, and the liquid thrown into the rectum. This operation occasioned a most profuse sweat. This morning he is a little brighter. Since Saturday night he has had no tendency to convulsions. We will wait until to-morrow, when we will give him another dose of the infusion.

We will administer to him the bichloride of mercury, with the tincture of the chloride of iron, as soon as he is in condition. This treatment is exceedingly good, particularly when there is a tendency to congestion. We will give one grain in two ounces of the tincture, and of this mixture we will at first give 10 gtt. or $\frac{1}{16}$ gram of the bichloride; this is a very small dose, it may be said, but it must be remembered that the membranes are often very irritable. If he can tolerate ten drops it will be increased to fifteen drops or $\frac{1}{8}$ gr., and afterward to twenty drops or $\frac{1}{4}$ of a grain. When we have once succeeded in giving twenty drops we will stay there and not try to increase it any more. It is to be given after food, three times a day. His only food will be skimmed milk, as it has been; the quantity, however, will be gradually increased. We will, beside, give him the infusion of jaborandi every other day, until he is rid of the dropsy.

COMMUNICATIONS.

PLACENTA PRÆVIA.

BY L. N. DAVIS, M.D.,
Of Formland, Ind.

The only apology I have to offer in presenting the following case with comments, is that which the importance of the subject affords; for it not only justifies full and thorough discussion, but absolutely demands, at the hands of each one of us, the expression of every thought which may be savored with the least inkling of knowledge on so dire a condition.

Natural labor, with its manifold conditions and consequences, entails danger enough upon the sufferer, whose mission in nature, in this regard, must be anything but pleasant; much more serious, however, are the many anomalous conditions of parturition, which not only seriously compromise life, but in many instances render death almost inevitable.

Among the serious obstacles to natural delivery, I believe I may safely say that none are more formidable than is placenta prævia; none carries with it more terror; none can excite within the physician a greater sense of responsibility, and the necessity of prompt and decisive action.

Although post-partum hemorrhage is looked upon with "fear and trembling," and treated of in almost every medical journal you may wish to examine, I think statistics will certainly bear me out in the assertion that its victims do not much exceed those of ante-partum hemorrhage. The former may occur five times as often as the latter, but the per cent. of mortality is certainly not so great in the former as the latter. Very much is said which would tend to make one doubt the extreme frequency and gravity of post-partum hemorrhage.

While many will tell you that "eternal vigilance is the price of life," under all circumstances of natural labor; nay, even go so far as to depict, in the most forcible manner, the pitiful spectacle of the country doctor standing sorrowfully by the bedside of the newly-made mother, she a corpse, mourning because he did not use the hot-water injection; because he did not use the cold-water injection; because he did not inject Monsel's solution; because he did not insert the cold towel in utero, or a rag saturated with vinegar; almost an equal number will say that such treatment is not only not necessary, but actually hazardous, and all that need be done, in nine hundred and ninety-nine cases out of one thousand, is to give a full dose of ergot, prior to

or immediately after the expulsion of the child, and proper attention to "Crede's Method."

Thus, we have not only a variety of opinions as regards the danger and frequency of post-partum hemorrhage, but also great diversity and variance in the mode of treatment; until finally, lost in the mist by such extreme drawing upon the imagination, we should scarcely know what course to pursue were such a case to come within our hands. In the first place, doubting frequency of hemorrhage after delivery, and in the second, should it occur, not being able to carry out the treatment of Drs. Barnes, Draper, Penrose, Playfair, Griffiths and Mann, we should feel almost justifiable in dropping our hands helplessly by our sides, and leaving the parturient chamber; or sinking into utter despair, trusting the woman to the efforts of nature, and thus avoid the pangs of a bad conscience; for certainly, if we carry out the treatment of one eminent man we shall conflict with that of another. In the treatment of placenta prævia, however, leading minds seem more thoroughly agreed, and almost unanimously concur in the opinion that delivery affords the only safety for mother or child, that one or both is liable to perish at any moment, even with the most skilled appliances and attention prior to the delivery of the child; this, they say, should be effected by version or otherwise, at the very earliest possible date that the os uteri will admit. Upon such advice it was that the attending physician and myself acted in the following case:—

April 23d, 1881, I was summoned with Dr. N. T. Cheneworth, to see Mrs. A. B., in her fourth confinement, on account of considerable hemorrhage attended with symptoms of labor.

The Doctor and myself arriving about the same time, he informed me that he had been called about three weeks previous, owing to a very similar condition of the patient; that it was about a month before her expected confinement at that time.

He stated she had been suddenly aroused from her sleep by a flow of blood, attended with slight pains and general uneasiness.

On examination he found the hemorrhage inconsiderable in amount, and the pains of a fugitive, irregular character; he discovered the os very high up, above the brim of the pelvis, thrown forward, and not dilated in the least; with lips and neck thick, vascular and fleshy, to a striking degree. Upon abdominal palpation the Doctor was struck with the unusually prominent, fleshy condition of the supra-pubic region, while over the fundus uteri it seemed as though

nothing but the abdominal parietes intervened between his hand and the child.

Upon such revelations, rather than the periodical hemorrhage, the Doctor came to the conclusion that he had a case of placenta prævia. He gave a dose of morphia, with gallic acid, stayed over night, left instructions as regards care of patient, and advised the husband, on recurrence of the hemorrhage, to send for him and myself at the same time.

We found the os, which was so high up as to barely admit of the most imperfect examination, still undilated, pains weak but distressing; beginning one place and shifting to another, without the least regularity or apparent effect, except the slight discharge of blood that attended each one.

At 9 P.M., hemorrhage being on the increase, we introduced the tampon through the speculum. First, a carefully folded cone-shaped piece of surgeon's lint, saturated in Monsel's solution, was placed within the cervix, as far as possible, then the vagina was thoroughly packed with similar material, withdrawing the speculum as the material was introduced. The "T" bandage was applied and fluid extract ergot given, in from half to drachm doses, from one to two hours apart, with an occasional dose of gallic acid containing one-eighth of a grain of morphia.

Tampon seemed to control hemorrhage completely for the time being, and we congratulated ourselves upon the prospects of an early delivery, which we thought the os would admit of in a few hours, at least.

At 2 A.M. slight hemorrhage was perceptible around the tampon. Pulse about 100, fair volume and strength, but noticeably irregular, varying fifteen or twenty beats in the course of a few minutes. Patient suffering no special ill-feeling more than might be expected under the circumstances. While matters were thus favorably progressing, we decided not to interfere with the tampon, at least not until we felt satisfied that the os was sufficiently dilated that we might deliver at once.

9 A.M. Hemorrhage more marked, pulse slightly increased and still irregular. Patient complains of burning pains through the bowels and stomach.

Not yet having been able to determine the presentation, we thought it expedient to examine further, and deliver if possible; but to our great surprise, we found but little change in the condition of the os.

We immediately made an effort to intro-

duce Barnes' dilator; but the internal os not being larger than a three-cent piece, and the placenta pressing firmly over it, we found it utterly impossible; we therefore re-introduced the tampon, as hastily as possible, in the manner before described. Continued ergot, gallic acid and morphia.

At 5 P.M. there had been quite an escape of blood for some time, and it became evident that our patient's strength was rapidly wasting. We resolved, therefore, to again take our chances in the possibility of the os being sufficiently dilated to admit of delivery.

Informing all concerned of the inevitable result of relying upon the tampon, and the efforts of nature; and also of the extreme likelihood of death in any event, we proceeded to remove the tampon, which was followed by a considerable gush of blood; meanwhile we were allowing the patient to inhale a little chloroform. On examination the doctor found the os about the size of a silver dollar and somewhat dilatable. As the blood was gushing in torrents there was no time for parley. While the doctor was performing the operation of turning, I lowered the head, and ligated the extremities.

On introducing the hand and separating the placenta, which he found still attached around the whole circumference of the os uteri, it was found to be a head presentation. In less than five minutes version was effected.

After allowing the hips to remain in the os for a short time, to compress the bleeding vessels, feeble pains again returned, under active pressure over the womb, by which, with the aid of slight traction, the child was delivered.

Although our patient was pulseless and pallid, she was perfectly conscious, the slight effect of the chloroform having passed off, which gave us faint hope that she might yet rally. After about thirty minutes of diligent labor for this end, which consisted in giving stimulants by the mouth and hypodermically, expression of the womb, introduction of the hand in utero, and friction to the extremities, she expired. The child was dead born.

Several points of special interest, in cases of complete presentation of the placenta, have occurred to me, upon which, so far as my limited knowledge extends, there seems to be but little authority.

1st. Dilatation is necessarily tardy in all cases of central insertion of the placenta; owing to the mechanical resistance which the circular fibres of the os and neck meet from such attachment.

2d. The result is necessarily fatal in all such cases, owing to the tardiness of dilatation without the intervention of art. Many cases are reported to the contrary, notwithstanding; as, for instance, those in which the head bursts through the placenta, and delivery is effected by the natural efforts. Dilatation, however, must have previously been effected. In deference to such statements I would say, it is reasonable to suppose that they were not cases of complete presentation of the placenta, but more or less incomplete, thereby allowing the head (if it be a head presentation), to come more directly within the grasp of the circular fibres, at the point of insertion, exerting more direct pressure against the bleeding vessels.

3d. Among the many conditions, other than anomalous presentations of the child, which may tend to keep the uterus and its contents high up above the brim of the pelvis, and beyond the ordinary touch, after labor has commenced, placenta prævia *should be regarded as common*, more especially if the presentation be complete and the pelvis slightly contracted.

4th. The extreme attenuation of the fundus uteri, together with the fleshy prominence above the symphysis pubis, are points in the physical diagnosis of placenta prævia worthy of notice, where other symptoms exist.

5th. Irregularity of the pulse, aside from its frequency, is of the same value as a symptom of ante-partum hemorrhage that it is of post-partum hemorrhage, whether internal or external.

ABOUT ERYSIPELAS.

BY DR. EDWARD H. SHOLL,
Of Gainesville, Ala.

In the May, 1875, number of the *Boston Journal of Chemistry*, an editorial on the subject of "Therapeutical Enigmas" appeared. The title above indicated its second division, and to this alone I wish to call attention, for whatever may be the results of treatment in any acute case, the indications from the subject and surroundings are ordinarily so plain to the attentive physician that he "may read that runs."

There are those, however, who, from some inherited or obtained vice of constitution, are afflicted with a tendency to recurrence, at irregular or stated intervals, of this disease, with varying types of severity and times of duration.

It was for the benefit of this class the article was intended, and for whose sake I carefully read it, as at the time there were those under my care whose lives were at annual or more frequent

hazard, in spite of all hygienic and medical precautions.

The physician who penned the article had given it fifty years' practical test without failure, his knowledge of its prior history dating back to the year 1801 or 1802. The suggestion was from an old lady to an old lady friend of hers, who was a martyr to the disease, and was simply this:—

"Have some green glass beads strung on a silk string, to make a necklace, to which, by a silk string, attach a small silk bag filled with powdered sulphur. This to be constantly worn."

"Only this and nothing more."

In the face of such a prescription it was idle to theorize; what I wanted was fact and experience; so I determined to put the thing to test at once, verify it or upset it, and in due time, after years of trial and observation, to give the results of that experience.

Six years have passed. Some under my care and observation, others, from their commendation, have tried it. What the conclusion from a longer and more extended trial, of course, I cannot say. What, however, I now say is, that to this time it has not failed in any case to secure complete or nearly entire exemption from attack, and to-day there are some of my patients, among the wise, and gentle, and practical, and scientific, who would not, and openly avow it, sell their simple string of beads and bag of sulphur, constantly worn around the neck, if they could not duplicate it, for ten thousand dollars.

My first patient, a gentleman in his seventy-first year, read the journal soon after it came. For twelve years, in May and June of each year, he had been very sick with erysipelas, at times high unto death. His time was almost at hand, he needed but my advice to get the beads, which I at once gave. He put them on, and that year escaped, for the first year in thirteen, entirely. In his case it involved the face and scalp, subjecting him to great discomfort, suffering and danger. Last year, about the ordinary time for the disease to appear, having for five successive years escaped anything of the disease save slight tingling reminders, he grew more careless. His string broke. The beads and bag were laid aside. In a very few hours a severe attack of erysipelas ensued, very promptly, however, responding to treatment. The beads were at once replaced. This year he has had no outbreak, only an occasional tingling sensation on the forehead. To him, his beads are far more precious than were each one the Koh-i-noor.

The second case, a lady of forty-five, had a

similar history of invasion of face and scalp, several times annually, and of extreme severity. In this case, also, there has been the record of almost complete exemption.

Last year, being sent for, I found her suffering with a sharp attack of erysipelas of the face, with great pain. At once I asked her as to her beads. The reply was, "a few days ago my string broke, and they laughed at me so for wearing them that I laid them aside, and my disease at once returned." She was speedily relieved, and since then has required no persuasion to wear them, and has to this time escaped any further invasion.

The third case was a lady of middle age, who for some years had never been entirely free from erysipelas. She had been carefully treated. When she came under my care I found the right ear inflamed and swollen, the meatus almost closed, with a semi-purulent exudation from its surface. Despite some weeks of careful constitutional and local treatment, I failed to entirely relieve her.

I ordered her to get the beads. From the time she put them on she began improving, and now for nearly six years, has been completely exempt from any evidence of the disease. To-day, she would not exchange her simple necklace for one of rubies.

Other cases are simply like these. The last one to whom this course was recommended was an intelligent physician of Miss., whose contributions to the REPORTER assign him a place as a thoughtful man. A sufferer from erysipelas, he sought my advice. A general line of treatment was laid down, and he was instructed also to wear the beads. In his last letter to me he says that since he put them on he has had no erysipelas at all. Thus ends the practical part of its history to this, July 1st, 1881.

Many, perhaps, never saw the original article. Many glanced at it, perhaps, with incredulity, and since then thousands of young physicians have begun their active career.

Through the pages of the REPORTER this will reach thousands. Through other journals, that I trust will copy this and extend its circulation, it will reach many thousands more. These I ask, under suitable circumstances, to test it, for what I have written I have written deliberately, in the face of all its peculiar surroundings, and what I say I know.

If its possibilities to others shall prove even but a portion of what I have seen and know, it will be impossible to estimate the vast amount of human suffering relieved, and the many valuable

lives saved, by what seems but an idle fancy, and yet is a mysterious fact.

HOSPITAL REPORTS.

HOSPITAL COLLEGE, LOUISVILLE.

SERVICE OF PROF. DUDLEY S. REYNOLDS, M.D.

Reported by A. H. KELCH, M.D.

Kerato-cyclitis.

GENTLEMEN:—I invite your attention to the case of Mr. R., aged twenty-three, single. He lives in central Kentucky, and has come here to consult me about an affection of the left eye, with which he has suffered since infancy or early childhood. The first thing we notice is that he does not open the left eye as widely as the right. Then we observe, on closer inspection, that the cornea is quite hazy, presenting the appearance of ground glass. Oblique illumination discloses the fact that the anterior chamber has a depth of fully three-eighths of an inch, which is quite abnormal.

There is a delicately defined pink-tinted zone encircling the cornea. This is due to an abnormal fullness of the capillary vessels in the scleral wall, in the immediate vicinity of its union with the cornea. He has suffered occasional attacks of pain during the last twelve years, though the eye has been seldom more suffused with blood than it is at present. Now, there are a few enlarged veins pursuing a tortuous course over the scleral surface; these vessels are in the conjunctival membrane, and show that there is some morbid process going on in the uveal tract. The pink-tinted zone encircling the cornea, the enlarged and tortuous veins of the ocular conjunctiva, the abnormally increased depth of the anterior chamber, and the contracted pupil, all go to show that there is chronic inflammation in the iris and the ciliary body. The haziness of cornea, with the ground glass appearance presented by its external surface, is quite characteristic of a low grade of inflammatory action. He has an affection known as irido-cyclitis, or kerato-cyclitis, which means an inflammation of the cornea, the iris and the ciliary body. On dilating the pupil with hematropea, we find opaque striae in the crystalline lens, and large masses of yellowish material floating in shreds through the vitreous humor. Whether these floating bodies in the vitreous are the remains of partially disorganized blood clots, or detached portions of effused lymph from the choroidal surface, or the remains of broken down portions of the hyaloid membrane, it is difficult to determine; but in a clinical point of view it matters not which one of these, or whether they are composed of portions of all the substances named. It is scarcely probable that any kind of treatment will cause them to disappear. They show that the vitreous humor has been disorganized, that it is opaque, fluid, and that it is disturbed by the presence of these floating masses of foreign material. Now, Mr. R. is a theological student; as you observe, he is about 6 ft. 2 in. in height. He weighs 185 pounds, and has always enjoyed robust health.

He is a man of great physical power, and has been a student for so long a time that we wonder, with the character of disease in the left eye, the right has never, until the last few weeks, shown any signs of irritation whatever. He has suffered lately from a sense of soreness and fatigue in the right eye; letters appeared to run together, the lines to overlap, and the whole appearance of the page blurred; so he was obliged to discontinue his studies at night. Examination with the ophthalmoscope reveals no sign of morbid action in the right eye. It appears that he has hypermetropia. The exact character of the error of refraction has not been determined, however, and no attempt will be made to do so until the treatment for the relief of the irritation in the left eye shall have terminated. We hope to arrest the further progress of the inflammatory process in the uveal tract by the united effects of both local and constitutional measures. The local treatment shall consist in the removal of about one-sixth of the iris in the superior region, the iridectomy to extend from the pupillary margin quite out to the periphery. In order to secure this an incision, as you see, is made just within the scleral tissue, as nearly upon the plane of the anterior surface of the iris as it is possible to make it. You see now the iris floats out between the lips of the wound as the aqueous humor escapes. Seizing the iris, I now snip it off with the scissors, which completes the operation. A gentle amount of pressure and rubbing with the end of my finger causes the imprisoned portions of iris to retract from the angles of the wound in the sclera, and the eye is now closed with a portion of dry cotton wool, over which some straps of adhesive plaster are drawn, from the cheek to the forehead. This is to remain for two or three days, unless he should be seized with violent pain in the eye. Then the dressing is to be removed for the purpose of determining the cause of the pain, and to allow the opportunity of making such local applications as would tend to its relief.

For the present he is to have two grains of calomel and four grains of extract of belladonna, made into eight pills, one of which he is to have every five hours; in addition to this he is to have ten grains of quinine every night for six consecutive nights.

Now, a word as to the probable cause of this complicated affection. Mr. Hutchinson has taught us to regard interstitial keratitis, with the ground-glass appearance of the surface, as indicative of inherited syphilis. We know, too, that chronic cyclitis not due to mechanical injuries of any kind are most likely the result of syphilis, or local tubercular deposit.

In syphilis the tension of the globe is reduced, as we find it in this case. In the tubercular form the tension is likely to be greatly augmented and to go on increasing until a veritable dropsy of the eyeball is developed, a fair specimen of which was presented for your consideration in the case of Mr. L., whose epilepsy was cured by the removal of a dropsical eye, at this clinic. It is tender ground to explore the history of a case like Mr. R.'s, who comes from a family of high social position, and who is himself a young man of upright, sterling traits of character, a theological student, a young man absolutely

without guile. It may be that I misunderstand, and consequently misinterpret the phenomena of his disease, but I am obliged, with the lights before me, both from my study of the literature of the subject and from a somewhat extended clinical experience, to believe that he is the subject of inherited syphilis; yet I would not tell him so, and I impart it to you as one of those professional secrets which you are in honor bound to keep sacred all your lives. These are things that may be discussed in confidence only, and there are many such. Before you have practiced your profession many years, you will, doubtless, most of you, have encountered unmistakable evidences of both acquired and inherited syphilis in members of the best families of the land, in persons holding the highest social rank, in persons whose habits are believed, by those who are supposed to know, to be absolutely perfect in purity. It is no part of your duty to explain everything you think, or even to hint at some things you absolutely know. The presence of syphilis may generally be determined by the local appearances, without regard to previous history. If the diagnosis depended on the history of the case I should always question it, unless it was straightforward, positively asserted, and fully in accordance with the history of syphilis. You cannot believe half the people who tell you they have syphilis, and how much less may you believe those who say they have it not. Now, when the wound we have made in this man's eye shall have healed, we shall give him iodide of potassium, beginning with doses of five grains three times a day, gradually increasing by the addition of five grains every four days until he has been made to suffer the effects of iodism, or until all signs of irritation shall have disappeared from the eye. The idea being to give him the drug until its therapeutic effects are manifested, or until its toxic effects appear. If the toxic effect be manifested before the therapeutic effects we desire to obtain have been achieved, we shall diminish the frequency of the dose until the unpleasant symptoms disappear, and gradually resume it and push it vigorously until the return of the toxic effects, or until the therapeutic effect has been secured. He is to have, now and then, in addition to the iodide of potassium, an occasional dose of quinine, always preceded by a mild aperient, and you may even venture to give, for that purpose, a single dose of calomel, combined with an equal proportion of chlorate of potash, which is with me a favorite combination. I learned it from an old practitioner, who assured me he had been pleased with the mildness and uniformity of the effects of this combination, and had enjoyed a favorable experience in its use extending over a period of full thirty years. I believe, as an aperient, that from three to five grains of calomel, with an equal proportion of chlorate of potash, rubbed up together, taken upon the tongue, a little water being employed with which to wash it down, constitutes one of the mildest and most efficient combinations it is possible to find.

Foreign Body in the Eye.

CASE 2.—Dominic G., *æt.* 52, comes here with the statement that in firing a gun a piece of the cap struck him in the eye. On examination it is perfectly certain that the foreign body went into

the lens, and, as it is not likely it could pass out again at the same opening after penetrating to such a depth, it is, in all probability, still in the eye. Three weeks ago the injury was received; and the question is now, what is proper to be done. He has had no inflammatory reaction; because, if he had, the pupil would be adherent to the capsule of the lens. The area of the pupil remains clear, and I am almost sure the cap lies in contact with the ciliary body, just in the direction indicated by the point of puncture. The only thing to be done in a case of this sort is to make an iridectomy covering the part where the body probably lies, and, if possible, remove it. It is possible by this method I may save the vision. The lens having been damaged must be removed by extraction at the same time the iridectomy is done. The foreign body being successfully removed and the opaque lens extracted, the eye is in good condition for recovery.

Chronic Laryngeal Catarrh.

CASE 3.—Mr. B., at 26, resident of North Carolina, a young man apparently in good health, small in stature, and weighs about 125 pounds. He has always enjoyed good health, until, within the last few weeks, he has had a gradually augmenting sense of discomfort in his throat, accompanied at times by hoarseness and an almost incessant tickling sensation, which provokes a distressing cough. He has been examined by a very careful and painstaking observer, one of the most eminent practitioners in the city, who has given it as his opinion that this gentleman has tubercles in the throat, though no evidence of their presence in the lung substance could be found. The diagnosis is made on the ground that some distant relative died, about the age of 30 years, of phthisis pulmonalis, and that this young man resembles that relative both in stature and features. He has been warned of the probable issue, and is much alarmed. Examination with the laryngoscope discloses, first, a chronic catarrh; further inspection shows that, by continuity of structure, this catarrhal inflammation, of the muco-purulent type, which means an advanced stage of a somewhat violent character of inflammation, has advanced on through the pharynx and larynx, into the trachea. There are now masses of muco purulent material distinctly visible upon the walls of the trachea. The vocal cords are abraded at several points along their margins, evidently due to the almost constant coughing. The contiguous structures being inflamed, the cords themselves are congested, and the constant coughing has finally resulted in the blowing off, or complete separation from the surface, of a

portion of the epithelial covering. Now, the mere absence of the few epithelial cells from the surface of the vocal cords, in a case of this kind, should create no serious apprehensions, and offers no sort of evidence of any tubercular or other constitutional affection. It is plainly due to mechanical causes, and will certainly be repaired as soon as the cause which produces it can be removed. Now I hope, sir, you will eat no cooked fruits, partake of no confections or pastry; that you will take an abundant supply of animal food—fresh meats, of all kinds best suited to your appetite, of the plain, cooked vegetables of the season, and just as much ripe fruit, uncooked, as you may choose to eat; in fact, a few oranges, a few grapes, some California pears, and even bananas, would likely tend to improve your digestion, which, it seems to me, is not bad. You have a good complexion; your pulse appears to be about normal; your respirations, though slightly disturbed, do not indicate pain; you have exhibited your power of inflating the lungs, and your chest expands quite as much as it should; your tongue is clean, and were it not for this local catarrh I should pronounce you a well and hearty man. Now, sir, I want you to inhale from a hand atomizer the cold spray of a solution of ten grains of the bromide of potassium to the ounce of water; I want you to force some of this medicated spray into your nostrils, and clear out all the accumulated secretions from these passages, and it must be used sufficiently often to keep both the nostrils and throat absolutely free from morbid matter.

As you have had this disease for several weeks, and have an abundant, in fact, a superabundant, discharge from the inflamed surfaces, benzoic acid, in the form of lozenges, made after the directions contained in the London Throat Hospital Pharmacopœia will tend further to improve your condition. Be assured, sir, there are no evidences of tubercular deposits in any of the structures visible to me, and, as you have been assured by one of the best practitioners in the city that there are no signs of tubercular deposit in the lungs, you ought to be satisfied that you are in no danger for the present. I beg you not to believe the story that because some distant relative died of consumption, and you are said to resemble that relative, you are in any way likely to die of a similar disease. I do not undertake to say that you will never have consumption, but I do affirm most solemnly that the disease in your throat and nose is in no way akin to any form of tuberculosis with which I have an acquaintance.

EDITORIAL DEPARTMENT.

PERISCOPE.

Alcohol as a Food.

In a paper read before the Philadelphia County Medical Society and published in the *Medical Times*, July 16, 1881, Dr. H. C. Wood observes:—

Although I hold that the habitual use of alcohol is to well-fed persons not only unnecessary, but positively harmful, it seems to me that in many cases of illness and in those periods of life when by reason of age the body waxes weak, alcohol is possessed of great value. Under sixty years of age the daily employment of wine may

for most persons be very well discountenanced; but after this period has been reached, I believe the moderate employment of stimulants is very useful. The progressive failure of bodily powers points to the use of a substance which shall aid in digestion and readily supply force. In the later years of life even the narcotic influence of alcohol is of value, easing the restlessness, the slight discomforts, the suffering of nerve-failure incident to failing vitality.

The question whether alcohol has food value in disease is one not easily answered by positive evidence, because the narcotic properties of the substance are so marked as often to mask its influence as a food, and because we rarely dare to employ alcohol except with an abundance of other food. The principles already outlined are, however, as applicable in disease as in health. Recent researches in fever have determined that the excessive heat production is dependent upon excessive changes in the stored materials of the body, and it is improbable, though not impossible, that alcohol is capable of taking the place of these, and, by being, as it were, vicariously burned, saving the tissues. The value of alcohol in low fevers, therefore, probably depends upon other qualities than its usefulness as a food, although our knowledge of fever processes is yet so imperfect that it is necessary to speak with great reserve.

In chronic wasting diseases I believe alcohol has an actual food value, besides being a most powerful aid to the digestion of other food. Arguments upon this point do not seem required, and it is, of course, very difficult to give actual clinical proofs, because we always employ alcohol with other foods and remedies.

The question as to the best method of administering alcohol when it is used for its sustaining powers is of vital interest.

Two general propositions will, I believe, command almost universal assent. First, the alcohol must be given in a dilute form; second, it should be given along with other food. Provided these two rules are observed, I do not think it makes much difference in what form the drug is administered. In chronic diseases malt liquors have both advantages and disadvantages. They represent food and drink, are less apt to be abused than are stronger liquids, and by virtue of their bitterness have some tonic properties; on the other hand, they sometimes disagree with the stomach. As they contain some nutritive material, there is perhaps more tendency to administer them apart from food than there should be. The amount of solid constituents in a pint of malt liquor varies from over two and a half ounces of dry residue in the strongest English ales to three quarters of an ounce in the weakest ales and beers. The ales and beers usually drunk in this city probably range from one to two ounces of solid contents to the pint. The nature of much of this solid matter is not known, but albumen, bitter and resinous principles from the hop, earthy salts, grape sugar, glycerin and a number of complex acids have been recognized in it. The tendency to grossness seen in beer-drinkers undoubtedly largely depends upon the solid constituents of the beer which is taken, and seems to me to indicate the proper medical use

of malt liquors, namely, that they are especially to be employed in wasting diseases, *i. e.* where there is tendency to the loss of the bodily fat.

In regard to the choice of malt liquors, I do not think there is any other than what we may call personal grounds for selection. That which suits the palate best usually suits also the stomach best. The choice should always settle upon the ale, porter, or beer which can be used with least inconvenience to the stomach; and when all malt liquors produce "biliousness"—*i. e.*, gastro-intestinal derangement—wine or diluted spirits should be substituted. As the malt liquors contain nutritive material, it is less necessary to give food with them than it is with whisky or wines. Nevertheless, it is preferable in most cases that food should be taken with the ale or beer.

Actinomeris Helianthoides.

Dr. I. J. M. Goss, of Marietta, Ga., writes to the *New York and Chicago Medical and Surgical Journal*, for July, 1881:—

My attention was directed to it several years ago, by reading Dr. Mahoney's *Cherokee Physician*, a little volume taken from Richard Foreman, an Indian Medicine Man, of the Cherokee tribe. In that little work, Dr. Mahoney recommends the actinomeris helianthoides very highly, in gravel and stone in the bladder, and quotes Dr. Furk's pamphlet, in which Dr. Furk says: "I have cured gravel of long standing in four or five days, with this root in alcohol or good spirits; and I have never failed, and until I do, I will continue to believe in its efficacy. I could cite many cases of the most notorious kind, but in this small work I will give but one. A gentleman in North Carolina had been so afflicted for fifteen years, and had tried so many remedies that failed, that all hopes of a cure were abandoned. He had to draw his water with a catheter. He called upon me, and I furnished him this root, which he says cured him in four or five days." Now, I think this was a case of retention from want of expulsive power in the bladder, and one very suitable for the actinomeris to display its power. This plant, one of the sun flower family, grows on uplands and sandy bottoms. It grows mostly in fence corners, where it is protected. It grows from five to six feet high, has a bushy top, petals of flowers yellow, much like the artichoke, and blossoms from the last of July through August. The stalk has four welt-like edges, which makes it appear square; but when these edges are rubbed off the weed is round, and about the size of a pen-staff. The root is the part used. This plant has many roots growing out in every direction, and resembling small potatoes, which, when broken, exude an oil, similar to fresh turpentine, which turns to resin when dried. It grows in middle and upper Georgia, North Carolina, South Carolina, Tennessee, and perhaps in many other parts of the United States. It is not mentioned in many works on botany, hence I am particular to describe it so that any man may find it where it grows.

It is one of the most powerful diuretics in the

vegetable kingdom, and seems at the same time to exert considerable tonic power upon the bladder. I have used it in some marked cases of retention of urine from atony of the bladder, and have succeeded after having failed with the best of remedies of this class.

(See the author's works for full details.)

I have treated several extreme cases of dropsy, in old people, in which all my usual favorite diuretics failed to get up active diuresis, but after resorting to this article, in the form of strong tincture, I succeeded in removing the superabundant water from the blood in a short time. A physician who lives in upper Georgia, to wit: Dr. G. B. Dillard, informs me that the common people in his county use this root a great deal in all kidney and bladder affections, and they call it *Diabetes weed*, from the powerful diuretic effects it produces. I do not assert that it has any power to dissolve stone, yet I am not prepared to disprove it, but I have treated cases of the phosphatic diathesis, in which the patients were passing large quantities of the phosphoric sand, and this article, alternated with five grains of carbonate of lithium, relieved this condition in a few days. In chronic cystitis and nephritis we have a valuable remedy in the actinomeres helianthoides. I have treated quite a number of cases of old chronic cystitis and nephritis successfully with this remedy.

The dose is one to two drachms of the tincture every hour.

Management of Natural Labor.

Dr. F. A. Spalding, of Detroit, in a lecture delivered in the Detroit Medical College and reported in the *Indiana Medical Reporter* for June, 1881, says:—

If, when called to a case of labor, you find that the woman have threatening pains only, give her an anodyne—as morphia. If she be really in labor, *i. e.*, if labor pains have commenced, you will direct that the bed be prepared for her. Upon an ordinary bed sheet you will place an oil cloth or rubber blanket, and over this a woolen quilt. This woolen quilt will absorb all the blood and discharges; and after it is removed with the rubber blanket the patient is left on a dry bed. Most physicians will now sit down and wait for something to turn up. Sometimes they may wait for twenty-four hours or more. This is unnecessary. If labor does not progress well, you can make pressure on the uterine neck during every pain. This will stimulate uterine contractions. Ascertain the position of the fetal head and the condition of the pelvis. If the pains be sluggish, do not hesitate to give your uterine motor stimulants, ergot, quinine, alcohol, strong coffee, or bichloride of soda. The action of ergot must be aided by pressure upon the uterine neck upward. The next thing to assist labor is to rupture the bag of waters. The pressure on the perineum is of no account.

The best ligature with which to tie the umbilical cord is common spool thread doubled, but not twisted; on each end of which a knot is to be tied. To deliver the after-birth, twist the cord around your finger, and make gentle traction, at the same time holding and pressing the uterus

between the thumb and the index finger of the free hand, to assist uterine contractions. Wait a few moments before removing the placenta. After labor has ended you apply an abdominal bandage. The best is made of roller toweling, as it does not stretch. In applying it the greatest pressure is brought to bear on the uterus. By the method I have given you to-day I have treated hundreds of women in labor. The average duration of labor in my cases is two hours—the longest labor not over four hours.

The Treatment of Chorea.

Dr. Edward C. Mann, Physician-in-chief to Sunnyside Retreat for Nervous Diseases, the Opium Habit and Dipsomania, New York City, says, in an article on the Nature, Pathology and Treatment of Chorea, published in the *Alienist and Neurologist* for July, 1881:—

In the treatment of chorea I endeavor to give the nervous system *rest and nutrition*, obtaining the former by avoidance of excitement, early hours, and the calumative influence of warm baths at bedtime. The latter by using phosphated cod-liver oil, or the oil in connection with phosphide of zinc, one-tenth of a grain in pill, three times a day. Gentle gymnastic exercises are very valuable and should, by no means, be neglected. My favorite remedy, and the one which seems to be the nearest to a specific in chorea, is arsenic, which I use hypodermically. I use a mixture of equal parts of Fowler's solution and water, to avoid any local irritation which I at any time find induced by the undiluted Fowler's solution.

By using even the pure Fowler's solution I have found the irritation very trifling, and it is rare, especially in children, to find any want of toleration of the drug in the system. Very rapid improvement generally takes place under this treatment, from the first, and the patients gain flesh. I commence with three minims, and inject subcutaneously, for a week, every other day, and on the second week increase the dose to five minims every other day, increasing two minims each week, and in from one to two months a cure is obtained. In recent cases, a month or six weeks will generally suffice, while in old cases sixty or seventy days may elapse before a cure is accomplished. In troublesome cases I also use, as adjuvants, ether spray or ice bags to the spine, and electricity. By this method of using Fowler's solution the gastric disturbances which are produced when the medicine is given by the stomach are avoided.

A Case of Consciousness During an Epileptic Seizure.

The following case is reported in the *Alienist and Neurologist* for July, 1881, by C. W. Clark, M.D., Assistant Superintendent of the Asylum for the Insane, Hamilton, Ontario:—

J. E. C., male, aged 42; very strong, healthy man. Has been an epileptic for more than thirty years, and an inmate of the asylum for two years. Before and after epileptoid seizures is violent and dangerous. Had been free from an attack

for nearly a month when the one reported upon took place. On passing through the wards, on my "morning round," my attention was drawn to the patient, who seemed to be in a very peculiar condition. He was seated in a chair and appeared to be perfectly unconscious. His muscular system was under no control, and he was suffering from clonic convulsions, which his attendant informed me had been kept up all morning (this was about eleven A.M.). The patient was placed in a bed and visited again in the afternoon. The convulsions still continued, with the difference that some of them were not tonic in character. The violent muscular contractions caused him to grind his teeth, clench his hands, etc. The face was congested. There was no doubt about the seizure being *epileptic*, but the form of convulsion was so remarkable and unusual that the patient was visited many times during the day. The spasms ceased in the evening. Next morning the patient was worse, and refused food. In two days he went about as usual. Not long after that he came to me and asked if I thought he had been suffering from another attack of epilepsy. I said he had. He then told me that he was conscious during the seizure, and, to prove his assertion, detailed conversations which I had held with the attendant at the time of the attack. As he repeated correctly what had been said, and described accurately the positions we had stood in, there could be no doubt in regard to his consciousness during the seizure.

As might have been expected, the patient's muscles were very sore for some days after the attack.

The Placenta as a Tampon.

The following remarks by Dr. J. H. H. Burge, we take from the *Proceedings of the Medical Society of the County of Kings*, for July 1881. It refers to the value of the placenta as a natural tampon. He says:—

It matters not that this practice is unsupported by any good authority; I am convinced from experience and observation that post-partum hemorrhage is oftener caused by hurrying the after birth than by anything else. All the excitement and anxiety, the worry and weariness of a tedious or difficult labor demoralizes the attendants, so that fifteen minutes seem an hour. In quick succession are heard the questions: "Is all right?" "Why doesn't it come?" "Do you think it's grown fast, doctor?" etc., etc. The mother persists that it never was so long before; that Dr. Blank always took it away as soon as the child was born. Is it any wonder that the doctor gets a little impatient, too? Now if there is no pain, and no obvious occasion for interference arises, I beg, for the woman's safety, that no traction on the cord, no searching for the placenta edge, no officious meddling of any kind be indulged in. Let the patient be watched. See that the uterus be well contracted, and you may feel much surer that it will remain so, if you let the placenta alone. It will be soon enough to interfere when the first shock of labor is passed.

If the placenta is in the womb, its presence

there is the best possible stimulus to contraction, better, in my opinion, than any one's hand, and if, from any degree of inertia, the womb is indisposed to contract, then the placenta (if detached) is the best possible tampon. If it has been extruded from the womb and lies in the cavity of the sacrum, even there its office is an important one, for its gentle pressure upon the relaxed os, and upon any bleeding vessels that may exist, is most salutary. Of course, in the case of a strong, healthy woman, in a perfectly natural labor, it may make no material difference how much the placenta is hurried in its exit; but the majority of those to whom we minister are not of this class. The one point which I wish to emphasize is this; that the placenta is the best and *only* tampon suited to the post-parturient condition; that after its complete separation before it leaves the uterus, or before it leaves the vagina, it possesses all the qualities of an unirritating, smooth, soft, and yet sufficiently firm barrier to the effusion of blood.

Extract it before the time, and you have lost an advantage which you cannot regain.

I do not advocate leaving the afterbirth entirely to the unaided efforts of nature; that course has been tried by careful observers and abandoned. It is no part of my present purpose to discuss the general management of the placenta. I make no reference to complications and special emergencies. The case is natural—is ordinary; don't take the risk of making it unnatural—extraordinary—by pulling at the afterbirth before the nervous system of the newly-made mother has had time to rally its forces. Whether the time required for this be half an hour, an hour, or two hours must be left to the individual judgment of the accoucheur. As a rule, do not be in a hurry.

Chloroform in the Cold Stage of Pernicious or Congestive Malarial Fever.

Chloroform has been used to some extent in these cases for a great number of years, but we believe that it has by no means received the attention from the profession in general that it deserves. The following report of a case by Dr. Wm. W. Murray, of Baltimore, Md., published in the July number of the *Medical Summary*, fully proves its value in these cases:—

March 20th, was called to see Lilly H., aged six years; found her suffering with well-marked chill, the usual amount of congestion present. Warmth to surface was the only direction given, there being no necessity for active interference.

Was sent for hurriedly in half an hour and informed the child was dying. When I reached the bedside, within a few moments from the summons, found that overwhelming congestion had suddenly developed; the lips were livid; entire skin surface mottled, icy cold, and bathed in clammy perspiration; heart's action slow and labored, pulse scarcely perceptible; respiration being very imperfectly performed; lower jaw drooping, and eyeballs turned up; pupils irresponsive. Her condition could not be more alarming. I perceived at once that the congestion must be relieved, and that very soon, or the child would die.

I immediately dropped about 3ss. Squibb's

chloroform on a little pulverized gum acacia, and made the child swallow it. No sooner had it reached the stomach, it seemed, than reaction set in, the superficial capillaries dilated, the skin began to get warm, the lividity of skin and lips disappeared, the heart and lungs became disengaged, the pulse and respiration improved, the eyes resumed their natural beauty; in short, the congestion was relieved, and life restored, where, but a moment before death was imminent. The rapidity with which all dangerous symptoms were dispelled can be realized only by those who have witnessed such a case. Under liberal doses of quinia the child was soon restored to health.

Chloroform, given either by inhalation or by the stomach, will *always* relieve these cases, as is well known in our Southern country, where the congestive chill so frequently manifests itself, and not only so, but, as the greater includes the less, it will *always* relieve the congestion of an ordinary child; the reaction (fever) being less or greater, according as the congestion is dispelled at first, or after it has become well marked.

The Cure of Varicose Veins by Subcutaneous Ligature.

Dr. John Duncan, of Edinburgh, employs carbolized catgut for the radical cure of varicocele. (*Brit. Med. Jour.*) The veins are separated from the artery and vas deferens, and a needle armed with catgut is thrust through at the point of separation, it is then reintroduced at the orifice of emergence, made to pass between the veins and the skin, and brought out at the original entrance; the two ends are then firmly knotted together and cut short; by traction on the scrotum the knot is made to disappear entirely, and the punctures are covered with salicylic wool saturated with collodion. The same manoeuvre is repeated an inch higher, and sometimes a third ligature is advisable. A hard lump of coagulum forms between the ligatures, tender at first, but soon diminishing in size, and becoming insensible. Dr. Duncan treats varicose veins of the leg in the same manner, the introduction of the point of the needle into the aperture of exit of the first puncture and the tightening of the loop of catgut is difficult when there is brawny oedema; in such cases the patient should be kept at rest, and an India-rubber bandage applied for a few days. A single ligature is not sufficient, and to close the lumen permanently, two must be applied about one inch apart. It is essential that no branch be given off in the segment of vein between the ligatures.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Numbers 7, 8 and 9 of "Photographic Illustrations of Cutaneous Syphilis," by George Henry Fox, A.M., M.D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York, are before us. Each number contains four plates, taken from life and

colored by hand. They certainly look life-like, and, as they are accompanied by a descriptive text, they must be regarded as excellent substitutes for clinical study. They are published by E. B. Treat, No. 757 Broadway, New York, and cost \$2.00 per number. Twelve numbers, containing forty-eight plates, constitute a complete volume.

—We have just received Part IX of "Atlas of Skin Diseases," by Louis A. Duhring M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania. This part concludes the present series, which contains in all thirty-six plates. These are all faithful copies from life, of highly artistic finish, and they are accompanied by a brief history of each case. Many physicians in this country have had but few opportunities to attend clinics, or even listen to didactic lectures on dermatology, and to such this atlas will prove of inestimable value. It is published by J. B. Lippincott & Co., of this city, at \$2.50 each part.

—"Hip joint Disease: Death in early Stage, from Tubercular Meningitis," is the subject treated of by Dr. De Forest Willard, accompanied with microscopical appearances, with cuts by Dr. E. O. Shakspeare, in a reprint from the *Boston Medical and Surgical Journal*.

BOOK NOTICES.

Anatomical Studies upon Brains of Criminals; a Contribution to Anthropology, Medicine, Jurisprudence, and Psychology. By Moritz Benedikt, Professor at Vienna. Translated from the German by E. P. Fowler, M.D., of New York, Department of Translation, New York Medico-Chirurgical Society. New York: Wm. Wood & Co., Publishers, 27 Great Jones St. 1881. Cloth, 8vo, pp. 185.

It is quite refreshing in these days of rapid book making, when men must become authors, whether they have anything new to tell the world or not, and when, consequently, one-half of the books that are published are simply repetitions and compilations, to receive a work stamped with the freshness of original research. To that class belongs the work before us, and we sincerely hope, with the author, that his investigations, which were pursued amidst numerous difficulties, may prove foundation stones toward a natural history of crime, and that the work he has begun may be taken up and perfected by others, until its effects on society shall be felt through improved methods of dealing with criminal classes. The

author first invites attention to the normal type of brain, with separated fissures, and then to the confluent fissure type, which he regards as abnormal. The relation of the cerebellum to the cerebrum he also considers of great importance, the cerebellum being, in the higher types, completely covered by the cerebrum. Between these two types there exist, however, manifold transitions. He then gives the result of his observations of the brains of twenty-two criminals. In all of these the cerebellum was imperfectly or asymmetrically covered, and the fissures were more or less confluent. This cannot be accounted for on the supposition of peculiarity of race type, as the brains examined belonged to the most diverse races and types. The author, therefore, comes to the conclusion that "the brains of criminals exhibit a deviation from the normal type, and criminals are to be viewed as an anthropological variety of their species, at least among the cultured races." As this proposition is calculated to create a veritable revolution in ethics, psychology, jurisprudence and criminalistics, he recommends that it be handled with the greatest prudence; that it should not yet serve as a premise, and that for the present it ought not to leave the hands of expert anatomists. He finally draws attention to the similarities which exist in the human brain, and that of other mammalia, as the ape, the fox and the bear. The translator has rendered great service to science by placing this work within reach of the American profession, and it is to be hoped that it will incite a more widespread interest in comparative craniology, until these questions will be finally settled by science. Surely there is no want of material.

On the Value of Phosphorus as a Remedy for Loss of Nerve Power and Functional Disorders of the Nervous System, induced by Overwork and the Exigencies of Modern Life. With Formulae and Directions for Treatment. By Edmund A. Kirby, M.D., Member of the Royal College of Surgeons, England. Fifth Edition. Philadelphia: Presley Blakiston, 1881. Paper. 8vo, pp. 105. Price \$1.00.

The author informs us in his introduction that although phosphorus has been largely used as a nervine tonic and renovator of nerve tissue, both in America and on the Continent of Europe, its employment in England was wholly neglected until 1871, when some remarks on its value as a medicine and the means by which it could be safely administered, were published in the first edition of this work. This led to its introduction into the British Pharmacopœia in 1874, but the official

preparations the author regards as unsuitable. He enters fully into the therapeutics of this drug, but we fail to see anything original in what he says. Several cases are recorded, and in most of these (as might be expected) the administration of phosphorus was attended with success. The originality of the work consists in the general condemnation of most of the preparations in general use, such as the phosphorated oils, ethers, tinctures, the phosphites, hypophosphites and the phosphide of zinc. The only preparation which the author recommends is the pil. phosphoric mollis (the mollis is to distinguish it from the worthless preparation of the Pharmacopœia), prepared under the direct supervision of the author in his son's laboratory. The process of preparing this is not revealed, as—so the author says—it would be dangerous to undertake it without experience. Numerous formulæ are, however, given for incorporating with this pill-mass other drugs, as iron, quinine, strychnine, etc. From what we have here said the object of this work is plain.

Fifth Annual Report of the State Board of Health of Wisconsin, for 1880. Madison, Wis.: David Atwood, State Printer. pp. 202.

Besides the General report of the Board, and the Secretary's report, this volume contains the following valuable papers on hygienic subjects: "General Hygienic Knowledge a Necessity for the People," by Dr. H. P. Strong; "Recreation as a Sanitary Agent," by Rev. J. W. Hageman; "School Hygiene, and what the Teacher can do to Promote It," by Prof. T. W. Chittenden; "The Management of Contagious Diseases in the City of Milwaukee," by Dr. O. W. Wight; "Diseased Meat," by Dr. H. P. Wurzel; and "Kerosene," by Dr. J. T. Reeve, the Secretary of the Board. These, as well as numerous extracts from special correspondence, show that physicians in all parts of the State are wide awake to the causes of disease, and ready to aid in their prevention.

Index - Catalogue of the Library of the Surgeon General's Office, United States Army; Authors and Subjects. Vol. ii. Berlioz—Cholas, Washington: Government Printing Office. Cloth, 4to, pp. 990.

This volume includes 12,459 author-titles, representing 4934 volumes and 9810 pamphlets. It also includes 11,550 subject-titles of separate books and pamphlets, and 37,310 titles of articles in periodicals. The volume is quite elegant in appearance, and the catalogue will, by the time it is finished, form quite a library by itself.

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D. G. BRINTON, M.D., EDITOR.

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THE MALARIAL INFLUENCES IN WASHINGTON.

At the last meeting of the French Association for the advancement of Science, an eminent Parisian surgeon read a paper on the surgical complications of malaria. It has been gravely feared that these would be exemplified in the case of President Garfield. It is notorious that the White House is situated so near the low, marshy ground along the Potomac that the paludal poison has free entrance to its rooms, and several of his attendants were taken down by malarial symptoms.

Indeed, the miasmatic influences around Washington are unmistakable, and their sources are obvious enough. When the city was first laid out there was a good deal of low, marshy ground in the section of the city west of Capitol Hill, but this has now to a great extent been filled up, and since the Tiber creek has been overarched, about the only serious drawback to the salubrity of the place has been the Potomac flats; and

these are, and, unless something is done to remove or to improve them, always will be, pestilence-breeders.

The Potomac river, which is scarcely a quarter of a mile wide at Georgetown, takes a short southerly bend where Rock Creek—which divides Washington from Georgetown—flows into it, and rapidly broadens, until, at the Long Bridge, which is due south of the White House, it is a mile wide. Immediately south of the White House is a public park, then comes the mouth of the Tiber creek, then another park, upon which stands the unfinished Washington monument, and then the river and the mud flats. There is, consequently, nothing to prevent the poisonous exhalations from the river from reaching the Executive Mansion, and they do reach it, to such an extent that, for a number of years past, it has been the custom of our Presidents and their families to abandon it as a residence during the summer season and go to the Soldiers' Home. These flats, if not caused by the Long Bridge, have been greatly aggravated by that structure, for the so-called Long Bridge is not a bridge at all for a considerable portion of its length, but a causeway, against which the mud and debris of the river has been piling up for many years. One of the ideas that prompted the construction of this causeway was that it would promote the scouring out of a good channel, and thus facilitate the growth of commercial enterprises at the nation's capital. The results in that direction, however, have not answered the expectations of the engineers who built the Long Bridge, while a deleterious result, which they evidently did not anticipate, has been achieved.

These facts have been known to all residents of the city, and also the other fact, that malarial diseases have been on the increase. Nevertheless, nothing has been done to remove this discreditable condition of things.

But the Government has certain responsibilities with regard to the capital of the nation which cannot with propriety be ignored, and which ought to be fulfilled no matter what the cost may be; and one of these is the maintenance of sound sanitary conditions. There is no

sufficient reason whatever for believing that the case of the Potomac flats is a hopeless one; and yet, so long as they remain as they now are, it looks like foolishness for the Government to keep on erecting costly buildings, and making conditions which involve individual citizens in heavy expenses. At the same time, the case is very apt to take on a somewhat hopeless look whenever the engineers begin to commence operations—for operations with regard to this mudbank have never reached beyond the point where somebody was just going to begin the extreme preliminaries.

Objections are at once made by some of the innumerable "rings" that this plan and that plan will not answer, and no plan will answer but one which will put plenty of money into their own pockets.

It is high time that the whole affair be taken from politicians, ringsters and committees, and that competent sanitary engineers, under the supervision of the National Board of Health, carry on the work in the proper manner.

AN UNTIMELY DISPUTE.

The President's case has led to a discussion on ethics, which has an interest outside of the relations of those immediately engaged in it. It appears that Dr. BAXTER, U.S.A., had been for years President Garfield's personal physician, but at the time of the accident was away from Washington, and did not get back until July 3d, when the following conversation took place between him and Dr. BLISS, who had assumed charge of the case. The report of the conversation is made by Dr. BAXTER, and published in Walsh's *Retrospect*.

"Dr. Baxter. 'Doctor, I have come to ask you to take me in to see the President.'

"Dr. Bliss. 'Well, I don't see the necessity of your seeing the President; I wish to keep him quiet.'

"Dr. Baxter. 'I make the request as the President's physician. I have for years been his physician.'

"Dr. Bliss. 'Yes; I know your game; you wish to sneak up here and take this case out of my hands.'

"Dr. Baxter. 'I wish nothing, Dr. Bliss, except what I am entitled to. If the President

prefers that you should take charge of his case, I haven't a word to say.'

"Dr. Bliss. 'Well,' 'you just try it on. I tell you that you can't do it. I know how you are sneaking around to prescribe for those who have influence and will lobby for you.'

"Dr. Baxter. 'That is a lie!'

Of course, after the conversation had reached this point, the only parliamentary course was for the participants to take up their hats and leave. This Dr. BAXTER did, and his connection with the case ceased.

Assuming that the published report of the occurrences and expressions are correct—and no contradiction of them has appeared, so far as we know—the medical press ought hardly to pass in silence such a public instance of unbecoming language and unethical conduct.

It becomes especially the duty of physicians who, by their high professional attainments or by a chance of circumstances, are brought prominently before the public, to exercise unusual care in their language and demeanor toward each other. Personal considerations should be subordinated to a respect for those rules which have been clearly established as the most just in governing professional relations. To neglect this is to belittle themselves and the profession they represent.

There are cases where a physician or surgeon thinks himself so eminent as to be emancipated from the restrictions of the professional code. It is proof of a small mind and a weak head for any man to fancy himself above the claims of courtesy and the laws of good breeding; on the contrary, he is bound the more to respect them.

The unworthy and undignified position which the medical profession holds, compared with that it could rightfully claim, is largely attributable to such conduct as is above set forth. It is a matter for satire and a subject of comedy, how physicians quarrel over a patient. How unfortunate that this most public case gives occasion to repeat the sneers of Montaigne, Moliere and Hogarth! That this conversation has passed into History, and has been so much commented upon in the daily press, are the only reasons why we have unwillingly referred to it.

NOTES AND COMMENTS.

The Cure of Dipsomania.

The eminent hygienist, Dr. Alfred Carpenter, is confident that even hereditary dipsomania is a curable disease. He said, in a recent address, its cure depended upon two conditions, the personal habits of the patient himself, and his hereditary tendencies. In the case of those where the habit was acquired, the cure would be comparatively rapid, and provided means were taken to instill proper principles as to the knowledge of the chemical action of alcohol, there ought to be no relapse when the patient came out of the home where he ought to be attended; but in hereditary cases the result might be very different. It took a lifetime to change these conditions, and yet they knew that practice would be made perfect, and that the hereditarily nervous man might, by proper education, get rid of his nervousness. There was the work of the home to inculcate such maxims, and bring the patient along a course of self-control, under proper teaching, as might eliminate even hereditary tendencies, and restore the man to his original purity and mental power. He believed they could do this. To doubt it was to doubt the power of their noble profession in its first lines of work, and to lose sight of the fact that the work of the medical profession was more often hygienic and educational than one connected with the mere administration of drugs, and providing antidotes of diseases.

Hernia of the Stomach and Transverse Colon Through a Perforation of the Diaphragm.

M. Chas. Nélaton mentions, in his thesis (Thèse de Paris) an interesting observation which has just been completed by the autopsy of the individual in the service of M. Empis (Société Anatomique, December, 1880).

An individual shot himself in the sixth intercostal space on the left side, somewhat above and to the outside of the nipple. On examination, complete dullness on percussion was found from the spine of the scapula down, with complete disappearance of the respiratory murmur and thoracic vibrations. Diagnosis: penetrating wound of the lung; hæmothorax.

There was considerable fever up to January 14th, when everything appeared favorable, although the pleura was filled with liquid. On January 31st fever reappeared and continued up to February 8th, when the expectoration of a great quantity of liquid demonstrated that the

effusion was being removed through an opening into the bronchial tubes.

From this time there was marked improvement, and the patient was discharged, apparently well, on April 12th.

On the 6th of December of the same year, the patient entered the service of M. Empis, with incoercible vomiting, complete anorexia and great thirst; the matters vomited consisted exclusively of the liquids and other food ingested. The vomiting proved completely uncontrollable, enemata of milk were retained at first, but this means soon failed and the patient succumbed on December 17th.

At the autopsy it was found that the ball had taken a downward direction, passing through the lower lobe of the left lung and the diaphragm, lodging in the superior aspect of the spleen, just underneath the capsule. The absorption or rather expectoration of the blood at first effused, left a space between the diaphragm and the retracted left lung, which was found filled up with the stomach and a part of the transverse colon, which had passed through an opening about three centimetres in diameter, left in the diaphragm by the passage of the ball. The smaller curvature of the stomach adhered, at several points, to the diaphragm, which would seem to show that the hernia of the stomach took place not at the period the patient had commenced to vomit (Dec. 6th), but much earlier, at the time when the blood effused in the pleural cavity had been expelled through the opening into the bronchial tubes.

This case is remarkable through the recovery after a lesion involving the pleural and peritoneal serous membranes and two such important viscera as the lung and spleen.

Cysto-Urethritis Caused by Internal Hemorrhoids and Pin Worms.

Dr. S. F. Carpenter, of St. Joseph, Mo., gives in the *Kansas Medical Index* for July, 1881, the history of a case of cysto urethritis of three years' standing, in a female, who during the entire period had been under constant treatment at the hands of different physicians. For about five years she had also suffered alternately with internal hemorrhoids and pin-worms. Being fully satisfied that the cystic inflammation was the result of the constant rectal irritation, the doctor determined to direct his attention first to that organ. After having his diagnosis confirmed by ocular inspection, she was given an aloë cathartic, followed with a full dose of castor oil and tur-

pentine, which cleared out the bowels and removed a large number of worms; this was followed with injections of carbolic acid and spts. turpentine, three drops of each in three ounces of soft water. The injections were used once a day for ten days: in the meantime another cathartic was given. This treatment destroyed and removed every worm in the bowels, and also relieved to a great extent the hemorrhoidal affections. During this treatment the patient suffered little or no spasmodic contraction of the bladder, and did not have to urinate one-half as often as she did before. At the end of this treatment, which lasted ten or twelve days, the patient was placed under treatment for the cystic affection, which consisted in first touching the follicles of the meatus and urethra with nitrate of silver, and injecting the bladder and urethra with a solution of bi-carbonate of soda and carbolic acid, 5 drops of carbolic acid and 10 grains of bi carbonate of soda to the ounce of soft water. The internal treatment consisted of alterative and diuretic remedies, as follows: Bi-tartrate of potassa, acetate potassa, buchu and sulphate of morphine as a diuretic and anodyne; and iodide and bromide of potassium as an alterative. Under this local and constitutional treatment, the patient made a perfect recovery in two months from the beginning, and at the present writing there is no sign whatever of a return of the disease. The patient had also suffered for three years constantly with a sick stomach, which has subsided entirely since the cure of the rectal and cystic affections. That affection was purely sympathetic.

The patient is now enjoying perfect health, and is more than grateful for her recovery.

Antipyretic Action of Alcohol.

In a recent thesis on this subject, by M. Dumonby, *Thèse de Paris*, 1880, the author arrives at the following conclusions:—

1st. Very large doses produce a considerable reduction of temperature. 2d. Feeble doses, about half an ounce and more, produce slight lowering of the temperature; this is temporary, and not influenced by the digestion. 3d. Very small doses, two drachms, or more, induce a slight rise in the temperature of about two or three-tenths of a degree.

The author also studies alcohol from a therapeutic point of view, and particularly as regards its effect in fevers:—

"Alcohol, he says, has a stimulant action in febrile conditions of the system. 1st. It is a

powerful remedy against delirium and adynamia. 2d. It does not act as an antipyretic agent; it does not favorably modify the temperature. 3d. Large doses (of thirty grams) of pure alcohol induce a slight fall in the temperature (of a few tenths of a degree). This hypothermic effect does not last long; it is at its maximum after an hour and a half, and has completely passed away in three hours. 4th. Small doses, frequently repeated, do not induce this temporary reduction of temperature. 5th. Large doses or small doses frequently repeated have a feeble effect on the pulse. 6th. Large doses do not cause intoxication in the febrile patient, as they would if he was in perfect health."

In short, according to this author, though alcohol may have some action in fevers, it has not the antipyretic action with which it has always been credited.

Anthracoosis.

M. Proust, at a recent meeting of the Académie de Médecine, read a report on a memoir by M. Riembauld. Anthracoosis is a disease observed in coal-miners; coal dust is formed of extremely fine particles, which are rounded, and do not irritate the tissues with which they come in contact. Consequently the dust is inhaled and tolerated without notable inconvenience, until it becomes accumulated in sufficient quantity to trouble the respiratory function and determine catarrh and emphysema. Finally, and after a considerable period the physical signs of cavities in the lung are found, and at the same time the patient having lost health and strength dies in a state of marasmus.

It is by no means tuberculous phthisis, for no tubercles are found at the periphery of the particles of carbon; certain portions of the lungs are so loaded with these small particles that they finally break down, and give rise to the excavations and consequent marasmus.

A Sensible Remedy for Sea-Sickness.

A correspondent to the *Scientific American*, says that his first sensation on reaching the ocean was that of being in a very high swing. The same sensation of nausea immediately exhibited itself. It struck him at once that probably the same means adopted to overcome the sickness in the swing would prove effective on the sea—that was, to force the swinging. He therefore watched the motion of the steamer, and as she was about to descend, he made an effort as though to force her down. Continuing this for a short time the

feeling of nausea disappeared, and he had no recurrence of it during either voyage, separated by several months' duration.

This probably explains why boys who first go to sea (as apprentices) never remain sick long. They are made to work, sick or well, sometimes being kept on deck extra as a punishment for being sick. They naturally and instinctively follow the motion of the ship in order to keep on their legs, and as a result the unpleasant sensation soon vanishes.

A Folk Medicine for Chronic Cough.

A remedy, says Dr. Landerer, in the *Chemist and Druggist*, which in many cases has produced remarkable results, is the root of *Urtica pilulifera*, the Roman nettle, called *Knäai* by the old Hellenes and *Tsuknida* to-day. The name *Pilulifera* was suggested by the pill-like clusters of fruit. The name *Urtica* is derived from the verb *urare*, to burn, and is as applicable to the plant as its other name, *Serpentes vegetabiles*, vegetable snakes. The seeds of this *Urtica* are collected and sold at a high price (5f. to 6f. an okka), and a decoction of them is an approved medicine for increasing the secretion of milk in nursing mothers.

Transformation of Morphia into Codeia.

Mr. Grimeaux (*Comptes Rendus*) has proved the possibility of this conversion. His theory is that morphia ($C_{17}H_{19}NO_3$) is analogous to the phenols, and that codeia ($C_{18}H_{21}NO_3$) would be the methylic ether of morphia regarded as phenol. He, therefore, dissolved one molecule of morphia in alcohol containing in solution one molecule of soda, and added one molecule of iodide of methyl. The codeia resulting from the reaction when purified presents all the characters of codeia obtained direct from opium, in regard to chemical properties, crystalline form and rotatory power.

SPECIAL REPORTS.

NO. XV.—DERMATOLOGY.

The activity in the domain of dermatology indicates the ardor with which this specialty is pursued. Our report upon it will be largely of a practical nature, but not wholly neglecting some of the most interesting pathological studies.

The Clinical Varieties of Acne

Dr. WALTER SMITH, Vice President of the College of Physicians of Ireland, recently read a paper before that body in which he states that, from a practical point of view, cases of acne fell

into three groups: 1. Those in which retention of sebum (comedo) was a prominent feature; 2. Those in which an inflammatory process predominated; 3. Those in which vascular congestion required to be specially dealt with.

Dr. SMITH took for illustration, as a common type of case, one presenting a number of pimples, some finely papular, some indolently tubercular, and others suppurating at the apex. If there were much pus, the first step would be to gently but freely open, with a small but very sharp knife, the little abscess of acne. Any troublesome bleeding was readily checked by stuffing the cavity with a pellet of absorbent cotton. With the sluggish, copper-colored tubercles, the object was to promote absorption of the products of inflammation, and to stimulate to healthy action, without producing a caustic effect, lest scarring should result. For this purpose, the author used to employ the acid nitrate of mercury, but he had abandoned it in favor of carbolic acid. This agent was an excellent stimulant and pus-destroyer, without being powerfully caustic. It tended to numb the part to which it was applied, in virtue of its local anæsthetic quality, and hence it caused less pain than the mercurial salts, and, when carefully used, it frequently effected rapid absorption of the unsightly acne pimples without leaving a permanent mark. Dr. SMITH usually applied it by means of a glass rod or stick with rounded point dropped into the liquefied acid, and had beside him a piece of blotting paper to sop up any accidental excess of the acid that might fall on the skin. It was important not to overdo it; and immediately after the application it was advisable to cover each carbolyzed spot with a film of flexible collodion. This not only protected from atmospheric irritation, but also formed a colloid compound with the carbolic acid, and so minimized its irritant action. The patient was directed not to wash off or forcibly remove this varnish (which scarcely showed on the face), and to apply a suitable lotion or ointment twice or thrice a day. The number of repetitions of the carbolic application depended upon the nature of the case; but, even in aggravated cases, two or three applications would sometimes suffice to remove the most disfiguring portion of the disease. To expedite the cure, it was often serviceable to dust the face at night with precipitated sulphur, by means of a puff, washing it off in the morning with the lotion. If the skin was irritable or inflamed, nothing proved so soothing to the skin and grateful to the patient as washing the face with rice-milk, prepared by boiling a teaspoonful of ground rice in half a pint of new milk.

Acne and Comedones.

A late number of SCHMIDT'S *Jahrbuch* gives some of the later methods of treating these affections of the sebaceous glands. In the treatment of comedones UNNA first applies this ointment:—

R.	Boli albi,	4 parts
	Aceti,	2 "
	Glycerinae,	3 " M.

After applying this thoroughly for a few days the comedones can be readily pressed out.

SESSMAN, after pressing out all visible comedones, and opening pustules with the raspatory or lancet, rubs the part with soap and immediately covers it with rags smeared with salve:—

R. Cetacei, 1 part
Adipis, 2 "

In the evening he dresses the acne points with ZEISSL's sulphur paste, to wit:—

R. Lac. sulphuris,
Potass. carbon.,
Glycerinæ,
Alcoholis, equal parts.

This is washed off in the morning. Should inflammatory action set up again, he returns to the salve. For a long time after the skin is smooth, it should be washed with soap morning and evening.

In an obstinate case MACDONNEL effected a cure in a few weeks by *chrysarobin* applied in a salve, one part to thirty, of which it was applied at first twice daily, later once a day.

Acne Punctata.

To get rid of the sebaceous plugs, M. HIL- LAIRET recommends, in the *Progrès Medical*, a solution of borax, as:—

R. Sodii boratis, 3j
Etheris sulphurici, 3j
Aque, 3j M.

The parts should be washed every morning with very warm water, containing a little ammonia, to stimulate the skin.

When the functions of the glands have thus been regulated, he modifies the secretions by the employment of astringent lotions, as of tannin, alum, peroxide or perchloride of iron, etc.

Inflammatory Acne.

The following treatment of inflammatory acne is that recommended by Dr. W. SMITH, in the *Dublin Jour. of Med. Science*, May, 1881:—

If there be much pus formation, the first step should be to gently but freely open the little abscesses. To stimulate the sluggish copper-colored tubercles, so as to promote their absorption, the best agent is carbolic acid; a little of the pure acid should be applied, and the spot at once covered with a layer of flexible collodion. The face may be dusted at night with precipitated sulphur, and washed with a suitable lotion in the morning; if the skin be very irritable, wash with rice milk, prepared by boiling a teaspoonful of ground rice in half a pint of milk. On the dorsal region more energetic treatment is necessary; diligent friction should be practiced with soft soap. As a soothing lotion the following is useful:—

R. Zinci oxidi, 3j
Glycerini boracis, 3j
Spt. cajup., 3ss
Lin. calcis, 3v. M.

As a stimulant application:—

R. Sulph. præcip., gr. xx
Hydrarg. ammon., 3ss
Vaselinæ, 3iv
Ol. amygd. amar., m.ij. M.

Or—

R. Glycerini acid. carbol., 3ij
Sulph. præcip., 3ss
Sap. mollis, 3j
Spt. vin. rect., aa 3ij
Ol. amygd. amar., m.ij. M.

Pathology of Alopecia Areata.

Some marked cases of this affection are narrated by Dr. J. COLLIER, in the *Lancet*, June 11th, 1881, and at the close he makes some remarks on the pathology of the disease:—

Alopecia areata may be regarded as a cutaneous neurosis. Most dermatologists are agreed that it is originated by a lesion of nerve function which takes the form of a disturbance of nutrition, of the formation and reproduction, of hair. Several considerations appear to support this view; thus we often have tingling pain before the baldness appears, and afterward marked loss of sensation in the patch. Under the microscope the diseased hairs will be seen to be simply atrophied and of a lighter tint than the natural hair. Several cases have also been recorded by Mr. Erasmus Wilson, in which this affection was caused by severe neuralgia. In such cases a paralytic condition of the trophic fibres of the sympathetic is produced; the exhausted nerve yields up its power, to a greater or less extent, and refuses to perform its function.

Eczema.

In this very common disease Mr. W. COTTLE, of the Hospital for Diseases of the Skin, Blackfriars, London, has obtained particularly good results from *chaulmoogra oil*, and its active principle *gynocardic acid*. He writes to the *British Medical Journal*, June 25th, 1881:—

In persons with delicate skins, the portions of the cutaneous surface that are uncovered, or exposed to the action of accidental irritants, as the face, the hands, and the arms, are peculiarly liable to attacks of painful and most troublesome eczema. In these situations, often from the difficulty of removing the exciting cause, such an inflammation is frequently most rebellious under treatment, and very apt to recur. When eczema affects the face, it is sometimes acute, and generally intolerant of local applications. In such cases as these, and in the more chronic form, when it shows itself as patches of dry eczema, I have found an ointment of gynocardic acid of from fifteen to twenty-five grains to the ounce of vaseline almost a specific, when most of the ordinary applications in use only served to aggravate the local mischief. The ointment should be applied three or four times daily, so as to keep

the affected parts lubricated with it. Again, in eczema of the hands, such an ointment is the most generally useful application with which I am acquainted. I have seen many most obstinate examples of this disease affecting the hands, which had in no way improved under treatment by the ordinary measures, rapidly heal under the application of gynecardic acid ointment. The ointment should be used of about the above mentioned strength, and should be applied four or five times daily; or, if the patient can bear the inconvenience, the ointment should be spread on a soft rag and laid over the affected part, and may be kept in position by wearing gloves, or by a few turns of bandage. Very useful and soothing also, are both chaulmoogra oil and gynecardic acid when applied in this way in eczema of any part of the body; but it is in cases where this disease attacks the face and hands that I have found them so preëminently beneficial. I have met with no ill effects consequent on their use, nor do they exert any action on the sound skin. The employment of such local measures in no way interferes with nor removes the necessity of the assistance of the internal remedies adapted to each case. In the acute form of this disease, or where there is much discharge, the good effects following the use of chaulmoogra oil or gynecardic acid locally applied are not so marked.

For that troublesome affection, *Eczema of the Anus*, Dr. L. DUNCAN BULKLEY gives some practical hints in the *Med. Record*.

The first indication is to relieve the constipation which almost constantly accompanies eczema of the anus. When there is congestion of the hemorrhoidal vessels Dr. BULKLEY orders precipitated sulphur and bitartrate of potash in equal quantities, and directs that from one to two teaspoonfuls be taken at night on retiring, rubbed up with water into a paste. Next to imperfect bowel secretion is deficient kidney action, and he finds the best results from the use of—

R.	Potass. acetatis,	3 i	
	Tinct. nucis vom.,	3 ij	
	Infus. quass.,	3 iv.	M.

Sig.—A teaspoonful after meals, in water.

For the relief of the intolerable itching, the patient is recommended to sit on the edge of a chair, and have a basin full of water so hot that the hand cannot wholly be thrust into it. A soft handkerchief is then squeezed out of the water and held in a mass against the anus and genital parts, for as long a time as it can be borne; it is then to be dipped in the water again, and the process repeated three times, the whole not lasting more than two or three minutes, since too long bathing or too frequent sopping of the parts makes matters worse. The parts are then to be rapidly dried by pressing a large, soft linen napkin upon them, with absolutely no friction; after which they should be wrapped in lint smeared with an ointment, which must vary for each case, but which most usually takes the following form:

R.	Ungt. picis,	3 i	
	Zinci oxidi,	3 ij	
	Ungt. aq. ros. (U.S.P.),	3 iij.	M.

Lotions are also of service.

In the moist eczema frequent in children, and in eczema of the nipple in suckling women, Dr. VON YENSER (*Centralblatt für Kinderheilkunde*), has had good results from salicylic acid. His formula is as follows:—

R.	Acidi salicylici,	1 part
	Alcoholis,	q.s. to dissolve;
then add:—	Unguent. petrolei,	25 parts. M.

Eczema Palmare.

Eczema of the palm is more common in children than adults, except from a syphilitic origin.

Dr. FINNY, in the *Dublin Medical Journal*, January, 1881, recommends, in non-syphilitic cases, the constant use of india-rubber gloves, followed up by an ointment of ammoniated mercury, twenty grains to the ounce. The oleate of zinc diluted with unguentum petrolei answers best in moderately chronic cases where the thickening is not extreme. Where treatment threatens to be tedious, owing to the extreme density of the tissues, or when constant applications of ointments or india-rubber gloves are impracticable, a more rapid solution of the thickened epidermis is necessary prior to using curative ointments. The best solvent is potash, which may be employed as a lotion, applied on lint under gutta-percha, in the strength of two to four drachms of liquor potassæ in eight ounces of water. Care must be taken not to overreach the object in view. During any treatment the hand should be kept flexed, to avoid tearing open the fissures which are in process of healing.

Erythema Nodosum.

In the *Deutsches Archiv für Klin. Med.*, July, 1881, Dr. A. STRUMPELL, of Leipzig, has an article on this affection. He does not believe it a "vasomotor" affection, but the local expression of a general disease. It is recurrent, associated with high fever and severe pain, and often with visceral complications. It is closely related with inflammatory articular rheumatism, with which its outbreaks are often associated. With moist erythema it has nothing to do.

In regard to treatment, he believes that full doses of salicylic acid are the best means of cutting short the attacks, or at any rate of mitigating their severity. He gives the history of a case with a chart of temperature illustrating the active febrile phenomena present.

Fetid and Excessive Sweating.

Last September Dr. G. THIN described a method of treatment (*Brit. Med. Jour.*) for fetid

sweating of the feet, which he asserted is simple and effective. The stockings are changed twice daily, and the stocking feet placed for some hours in a jar containing a saturated solution of boracic acid; they are then dried, and are again fit for wear. The acid destroys the smell. Cork soles must also be used, as the leather in the bottom of the boots also smells badly; half a dozen pairs should be kept in use, each pair used only a day at a time, and treated also with boracic acid.

Dr. WILCOX, in the same periodical, stated his preference for soap or lead plaster, or that recommended by Hebra.

Dr. BULL, in a most obstinate case of fetid sweating in the axilla, in which Hebra's diachylon ointment had been fully tried and failed, secured decided improvement by the application of a ten per cent. ointment of *oleate of mercury* (*ibid*).

There is no doubt that Hebra's ointment often fails through faultiness in its manufacture. This is commented on by Prof. DUHRING, in the *Med. Times*, May 7. After observing on the little success that has attended the attempts to prepare this ointment in a satisfactory manner, he states that a pharmacist of Philadelphia has succeeded in preparing it of a uniformly superior quality after long experimenting—the ointment prepared from Hebra's directions not having answered expectations. The following formula furnishes an ointment containing a definite amount of oxide of lead, which, with the use of litharge, cannot be estimated:—

One part of freshly precipitated (from acetate of lead) pure white hydro-oxide of lead is rubbed into two parts of water, and mixed well with six parts of the best Lucca olive oil. It should be stirred for about two hours over a hot water bath, near to boiling-point, and cooled with constant stirring until the proper consistence is obtained. While cooling, a drachm of oil of lavender to the half pound of ointment is added.

This ointment contains the oleo-stearate of lead, has a neutral reaction, and can be kept in good condition for some time. It is a smooth, whitish, elegant preparation, and is altogether more desirable than that made from any other formula.

Dr. ARMAINGAUD (*Paris Medical*, March 10, 1881) advises *nitrate of pilocarpin*, used hypodermically, for fetid perspiration. He explains its action as derivative and substitutive by stimulating the salivary glands.

The cause of the unpleasant odor is differently understood. Dr. THIN, in the article above re-

ferred to, attributes it to *bacteria* in the discharge from the sudiparous glands. M. C. ROBIN, having shown that the sweat contains *leucin*, explains the odor as that of valerianate of ammonia, produced by the decomposition of this substance.

Favus, Tinea.

In the treatment of ringworm of the scalp Dr. H. S. PURDON declares (*Archives of Dermatology*, July, 1881) that he has lost faith in epilation, and prefers continuous suppuration. He recites one case, as follows:—

I first had all crusts on the head of the case under consideration removed by a linseed-meal poultice, the hair cut short, and then for two or three days applied plain zinc ointment. Afterward I daily brushed a certain portion of the scalp with the *linimentum crotonis* of the British Pharmacopœia.

This treatment was continued for eight weeks. Internally the boy took a mixture containing Fowler's solution and iron, so as to "change the soil" on which the vegetable growth flourished. But in this I have little faith. After discontinuing the croton oil his head was rubbed daily with paraffine oil, which seems not only to act as a good parasiticide, but also, as is well known, promotes the growth of hair. He is now (September 1st), to all intents, quite well: there is no redness, no scaliness, and he has a good growth of healthy-looking hair.

In the *Lancet*, February 12th, Mr. MALCOLM MORRIS recommends the use of *thymol* or *menthol* in the treatment of cases of ringworm. He adopts the following mixture for local application:—

R. Menthol or thymol,	3 ss	
Chloroform,	3 ij	
Olive oil,	3vj.	M.

Mr. MORRIS gives the following directions for the application: First let the part be well washed with soap and water, if it be not tender. After it is dried, rub the oil in gently, taking care not to irritate the parts too much. If there are scabs present remove them gently with a comb, after soaking them with the oil, which must be applied to the surface beneath. It is in chronic squamous cases that the rubbing is well borne, but it should nevertheless be done gently, and for several minutes, two or three times a day, in order that the parts may become thoroughly soaked with the oil. If at any time the slightest irritation is produced, stop the rubbing, and order the application to be merely smeared on; if it still causes irritation add for a time one-third more oil; but in the majority of cases the liniment will soon be tolerated of the proper strength. No cap should be worn in the house during the treatment, as it is essential that the head be kept cool.

Rhinacanthin, A New Remedy for Ringworm.

Dr. LIBORIUS, having observed in China that the tincture of an unknown fibrous root was used successfully as a remedy for ringworm, obtained some of the plant, which turned out to be the *Rhinacanthus communis*, the plant of which the leaves, bruised and mixed with lime-juice, are used in India, as an application for the same complaint. According to the *Pharm. Zeit. f. Russland* and the *Pharmaceutical Journal*, Dr. LIBORIUS has since obtained from the root a quinine-like body, supposed to be the active constituent. It resembles chrysophanic acid in being antiseptic and anti-parasitic. He proposes to call it *rhinacanthin*, and represents it by the formula $C_{14}H_{18}O_4$. It occurs only in intercellular spaces within the bark, which contain an intensely red substance, supposed to be a compound of rhinacanthin with an alkali. It forms with bases beautiful red compounds, easily decomposed by certain neutral solvents, such as petroleum spirit, which dissolve the rhinacanthin and assume a yellow color.

(To be continued.)

CORRESPONDENCE.**A Case of Chronic Cystitis.**

ED. MED. AND SURG. REPORTER:—

Chronic cystitis being ranked among the most rebellious of maladies, and the prognosis regarded as unfavorable, I herewith submit a report of a case which occurred in my practice.

On the sixth of last September I was called to see Mr. Henry S., aged sixty four, married, no children, whose family history was good. To all appearances he had been a stout and vigorous man, but on presentation his features were pinched and careworn, expressive of much pain and anxiety. His history was as follows:—

Forty years previously he contracted gonorrhoea, from which he states he had never entirely recovered, the acute stage passing into gleet, and as this condition did not depend upon debility, or a strumous, rheumatic, or gouty diathesis, it must have been the beginning of stricture of the urethra, one of the most frequent causes of a gleet discharge following an acute attack of gonorrhoea. After a few years he noticed the stream of urine began to grow smaller, but so gradually as scarcely to attract his attention. Eventually he had some difficulty in emptying his bladder, which caused straining, attended with some pain in the organ and adjoining parts; along with the urine he noticed a ropy, mucous discharge. This condition excited but little alarm until the diminution in the calibre of the urethra became so great as to seriously interfere with its normal functions, and the urine began to escape without his consciousness. This condition was temporarily alleviated by the introduction of bougies, though not systematic-

ally pursued; finally, in consequence of the retention of the urine, it began to decompose and excite vesical inflammation. He had applied to a number of physicians without any permanent relief. When I was called, he only expected or hoped for temporary relief, believing his condition to be irremediable. Upon examination I found his condition as follows:—

A large, long, flabby penis; upon the introduction of a bougie a stricture was easily detected at the sub-pubic curvature, through which a number six French scale passed with difficulty, attended with a great deal of pain. The urine was turbid, acrid and offensive, containing pus, ropy and tenacious, nearly one-half of which adhered to the vessel when poured out, probably reaching a foot or more before breaking. By filtering the urine and applying the nitric acid and heat test, albumen was deposited. This condition did not excite any serious apprehension as to organic disease of the kidneys, as albumen is usually present in organic disease of the bladder, especially where there is a discharge of pus, being an evidence of structural change, or disorganization, in this instance confined to the bladder, as subsequent results verified. The bladder could scarcely tolerate a drachm of urine, in consequence of which the patient spent most of his time attempting to evacuate his bladder. His sleep at night was disturbed upon an average every thirty minutes, which had a telling effect on his general health. He also had hemorrhoids and swelled testicle. He had no sexual desires. I gave his friends rather an unfavorable prognosis, because of his age, the duration of the disease, and the apparent condition of his broken-down constitution. I began treatment by dilating the stricture, which required several *séances*, each time followed by a ten-grain dose of quinine, to prevent urethral fever. Night and morning I caused to be introduced into the rectum one of the following suppositories:—

R. Opii,	gr. xij	
Camphoræ,	gr. xxx	
Ext. belladon.	gr. iij.	M.
Ft. suppos. vj.		

I also gave him tonics, composed of iron, quinine and strychnia, with enough podophyllin to keep his bowels gently regular. A liberal diet was recommended, stimulants were interdicted, except a glass of light wine for dinner. After having dilated the stricture to No. 22, French scale, I began treatment for the chronic cystitis, upon the plan so highly recommended by my friend Prof. T. G. Richardson, of New Orleans, beginning with a ten-grain solution of nitrate of silver. The urine was first drawn off and the bladder washed out with warm water; immediately afterwards the silver solution was injected into the bladder, through a soft rubber catheter, and permitted to remain one or two minutes, or until the patient began to complain of pain, when he was moved on his side and the solution allowed to escape. What remained in the bladder was soon neutralized by the urine, consequently it is unnecessary to wash out the bladder after the silver solution is used. After the injection was given, a ten-grain dose of quinine was given him, followed by thirty grains

of bicarbonate of potash three times a day. Seven days following a twenty-grain solution of nitrate of silver was used, the week following, thirty grains, and again the next week forty grains to the ounce of distilled water, each time observing the same preliminary treatment.

The following was then substituted for the bicarb. of potash:—

R. Acid benzoic,	3j	
Sodii biborat.,	3v	
Fl. ext. kava-kava,	3j	
Fl. ext. eucalyptus glob.,	3ij.	M.

Sig.—Teaspoonful three times a day.

This combination acts well; the "benzoic acid neutralizes the carbonate of ammonia of the decomposed urine, forming a soluble hippurate of ammonia, which prevents the deposition of triple phosphates." The action of kava-kava is similar to balsam copaiba, and is less liable to disagree with the stomach.

Subsequently these injections of nitrate of silver, thirty grains to the ounce of water, were used, observing the same intervals as above.

The patient began to improve from the first injection, and four months from the time I began treatment he was discharged cured, without a trace of albumen in his urine, and remains well up to this time.

J. M. PACE, M.D.

Dallas, Texas, July 21st, 1881.

A Case of Complete Transfixion Followed by Recovery.

ED. MED. AND SURG. REPORTER:—

Among my memoranda are the notes of the following case, which, though occurring some years since, has never been reported in the journals, and which, on account of its unquestionable authenticity, is deemed of sufficient interest to lay before your readers at this time.

On the 5th of May, 1851, I was called, with Dr. H. C. Beshler, of Berryburg, Dauphin Co., Pa., to see George Shreffler, a citizen soldier who had been shot under the following circumstances. The military company to which Shreffler belonged was practicing at target shooting, when he and a comrade went into the armory to load their muskets. In driving the cartridge home the ramrod in Shreffler's gun becoming wedged so fast that he could not remove it in the ordinary manner, he gave his gun to his comrade to hold, which he did by steadying it against his thigh, while Shreffler, by a succession of jerks, endeavored to extricate the rod. In so doing the hammer caught on the soldier's pantaloons, and discharged the piece, sending the ramrod and bullet through Shreffler's abdomen. The man who held the gun had a large hole burned in his pantaloons and was terribly frightened, thinking he was severely injured. Shreffler went to the door and called for help not realizing his own injury.

On our arrival, Shreffler was standing apparently unconscious of injury. The ramrod was driven fully three inches into a post, with the head and thick end of the rod bent to a quarter circle. The bullet lay on the floor, just behind where he stood when shot, and was of a concave-convex shape, accurately fitting the head of the ramrod. He was carried home, and an exami-

nation made, which showed that the ramrod had entered about one inch to the right of and two inches above the umbilicus, passing out between the crest of the ilium and the vertebrae. The wound, anteriorly, was small and round, but posteriorly it was ragged, and was attended by very slight hemorrhage. His hands were considerably lacerated. The wounds were dressed with lint, and opium sufficient to allay pain and to maintain the bowels in perfect rest, was directed. He was given nothing to eat or drink but a little wheat flour gruel, and was directed to keep perfectly quiet. Recovery appearing entirely out of the question, no encouragement was given the patient, excepting the promise of alleviating his condition as much as possible. Some four or five hours after the accident, there being strong reaction, he was bled freely, and the bleeding was repeated daily for three days.

Severe peritonitis set in, and on the fourth day the abdomen was distended to the size of a woman at full term, and was very tympanitic. A large blister was applied to the abdomen, which was dressed with mercurial ointment as long as it remained sore. In a few days the swelling and tympanitis began to subside, when hope of his recovery was entertained. The anterior opening of the wound healed in a few days; posteriorly it remained open, and the lacerations of his hands healed readily. His bowels were confined for two weeks, at the end of which an enema brought away a large quantity of feces. On the following day a dose of castor oil was administered, which operated, the thin part discharging through the posterior wound, and the more consistent portion per anum. The urine was removed by the use of a catheter for ten days, after which it was passed naturally. A compress was now placed upon the patient's back, when the wound healed rapidly. He was allowed more solid food in small quantities, and in a month from the date of injury he was able to resume his trade, that of shoemaking.

At the time of the accident the patient's body was covered with the eruption of ichthyosis, which entirely disappeared during the treatment of his injury, and had not returned when last seen, a number of years later. Shreffler served as a private through the late war and is still living.

A remarkable feature in the case was the patient's perfect composure, to which his recovery was, in a great measure, attributable. He was, apparently, a very religious man previous to and during his illness, but afterward became quite as reckless as he had been devout.

Danville, Pa.

J. PURSELL, M.D.

Malformation of the Perineum.

ED. MED. AND SURG. REPORTER:—

In September, 1880, I attended Mrs. T. in her first confinement. She was 22 years old, compactly built and in good health.

A digital examination revealed an unusual relation of the soft parts. The ostium vaginae was very large. It extended nearly to the tips of the coccyx. As my finger passed along the posterior wall of the vagina it slipped into an opening which proved to be the anus, the inferior margin

of which was three quarters of an inch from the ostium vaginae. The mucous membrane about the opening was corrugated, but the descending foetus distended the vagina and smoothed out the mucous membrane and dilated the anus. I passed my finger two and-a-half inches through the opening into the rectum. There was no perineal body whatever.

After delivery, I found the sphincter ani offered as much resistance to the introduction of my finger as it does in the normal relation of the parts. The tissues which usually constitute the floor of the pelvis offered no resistance to the passage of the foetus. The knees presented, and the labor was a tedious one, because of the small pelvis. Mrs. T. told me she had perfect control of her bowels; can retain her faeces as long as other women, but "everything comes out through the same opening;" and she has been in this condition since her earliest recollection.

This is a case of congenital malformation, in which the rectum terminates in the posterior wall of the vagina, where it is furnished with a good sphincter muscle; absence of perineum and perineal body and enlargement of the ostium vaginae to include the space usually occupied by the perineum and anus.

The uterus was in every respect healthy three months after delivery.

H. J. B. WRIGHT, M.D.

Olney, Ill., July 18, 1881.

NEWS AND MISCELLANY.

The Bell Induction Balances for Detecting Bullets.

The ingenious instrument devised by Prof. Bell, for detecting the location of the bullet in President Garfield's wound may prove a very valuable addition to our surgical resources. It is of such general as well as special interest, that we believe our readers will be pleased to have a full description of it laid before them.

The balance, as now modified, though not essentially new in principle, is more sensitive to small masses of metal at a distance, and better adapted to the requirements of military surgery than anything of the kind hitherto devised. The apparatus, in its present improved form, consists of two flat coils, about four inches in diameter and one-half an inch in thickness, of insulated copper wire; a battery, a condenser, an interrupter or circuit breaker, and a telephone. The ends of the primary or inducing coil are connected with the poles of the battery, and in the same circuit are a condenser and a small interrupter, whose vibrating tongue opens and closes the circuit with great rapidity. The ends of the secondary coil, in which the current is to be induced, are carried to the binding posts of a Bell telephone. When the connections have thus all been made, the secondary coil is laid on the primary or inducing coil, so that their respective circumferences exactly coincide. The circuit breaker is then set in motion, and the rapidly interrupted current through the primary coil induces another current of higher intensity in the secondary coil, and, as it does so, a loud musical tone is heard in the telephone with which the secondary coil is connected. As long

as the current is maintained and the circumferences of the two coils are kept in exact coincidence, the musical note in the telephone does not change its pitch or intensity. If, however, the experimenter slides the upper coil along an inch or so upon the corner, so that their circumferences no longer correspond, the intensity of the musical tone is diminished, and just in proportion as the centres of the flat coils are separated by a greater or less distance the intensity of the musical tone is lessened or increased. When the upper coil has been slid over the lower, so that they simply overlap, the centre of one corresponding nearly with a point on the circumference in the other, the musical tone in the telephone ceases. If the upper coil be pushed a little further to one side, so that it overlaps still less, the tone is again heard. By delicate manipulation it is possible to adjust the centres of the overlapping coils at such a distance, one from the other, that a perfect balance is brought about, and when this is the case, the telephone makes no sound whatever. The centres of the overlapping coils cannot then be moved either toward or away from one another without causing the telephone to break its silence.

When the coils are thus balanced and the telephone is mute, it is found that what may be called the area of coincidence, or, in other words, the area of the overlapping parts of the two flat coils has become highly sensitive to the approach of metal, and manifests its sensitiveness by a low note in the telephone. As long as metal is kept away from this area the telephone remains silent, but if a piece of lead, for example, is brought within a distance of four or five inches from the overlapping parts of the coil, there may be heard in the telephone a faint but clearly perceptible note, which becomes louder and louder as the metal approaches the sensitive surface, and throws the coils more and more out of balance. It will readily be seen that under the guidance of the telephone, the small area bounded by the intersecting circumferences of the overlapping coils, can be placed exactly above a bullet or other piece of metal embedded in the body, provided the metal does not lie at too great a depth. As soon as the balanced coils begin to feel the disturbance caused by their approach to the imbedded bullet, the telephone announces the fact by a faint, continuous musical note, and this note grows louder and louder until the overlapping parts of the coil are directly above the disturbing metal, when the sound reaches its maximum. For convenience of application to the body the coils used by Professor Bell were mounted in a rectangular piece of walnut, about seven inches in length by four in breadth, with screw posts at the corners for the wires and a handle at the back, by which it could be held.

The apparatus audibly and unmistakably detected the presence of a leaden bullet held at a distance of three and one-half inches from the sensitive area of the secondary coil, this being a half inch beyond the distance which Professor Bell set himself the task to attain. Even greater, though less pronounced results have been attained: a bullet disclosing its presence in one experiment at a distance of five inches. In this experiment a curious fact was noticed. At a

distance of three and a half inches or less, the fundamental musical tone of the vibrator was conveyed through the telephone to the ear of the operator. But when five inches distance was reached, the resultant tones were two octaves or more higher than those of the vibrations. Thus, in some mysterious manner, the laws of harmony are found to be related to those of electricity, and may in the future play a not unimportant part as an auxiliary to the work of practical surgery.

An old soldier who was shot in the breast in the war of the Rebellion, and who still carries the bullet in his person, was made the subject of experiments, and the presence of the metal below the shoulder-blade was made distinctly audible.

Leprosy in Louisiana.

The annual report of the Louisiana Board of Health for 1880, just issued, contains a detailed statement of the progress of the Asiatic leprosy in that State during the last century. It was brought, in 1680, to the West Indies, by the negro slaves, and thence to Louisiana. In 1778 this disease was so prevalent among the blacks, together with the African elephantiasis, and another equally horrible, named yaws, peculiar to Guinea negroes, that a hospital for lepers was established in New Orleans. At the present time the majority of lepers in that city are found to be whites, of French, German and Russian extraction. The disease seems to be hereditary, and certain families are known to be infected by it, and are shunned as corpses would be, could they walk and move about, spreading the contagion of death. The mother of one of these families, when the disease showed itself, was deserted by husband and children, and nursed until her death by a young girl, who is now a victim to it. An Italian Catholic priest who attended cases of leprosy in the Charity Hospital is now dying of it in the same house. New Orleans, it appears, has no separate asylum for these incurable patients, and they are received into the Charity Hospital and placed in the crowded wards, to scatter death.

Dr. Joseph Jones, the President of the Board of Health, has made a personal investigation into the extent of this disease, even venturing into the deathly swamps of the lower Bayou Lafourche. This whole district, he states, is several feet lower than the turbid bayou, sloping back into cypress swamps liable to constant overflow from crevasses. The poor Creole inhabitants live in low huts surrounded by wet rice fields, living upon fish and fish eating birds. They are separated from the rest of the world and have intermarried for generations. So impregnated with disease is this remote region that some of the exploring party were struck down on reaching it, with violent hemorrhages and fever. Of all foul corners of the world it is the fittest for the disease most dreaded by man since the beginning of the world, to hide with its prey. Below Harang's canal, President Jones found Asiatic leprosy existing in different generations of six families. Some of these wretched creatures have been driven out from human habitation, and are living

apart in the swamps, dying of decay. In some instances their flesh had become as insensible as bone, and they were able to handle fire with impunity. It was impossible to make a correct estimate of their numbers, as a rumor spread among them that a searching party had come to carry them off to an uninhabited island of the sea, and they hid themselves, their friends, too, refusing to tell their names or number.

Deleterious Beverages.

Several cases of poisoning from lemonade made with tartaric or other hurtful acids have been reported this summer; and others have been poisoned by the various bottled beverages consumed so largely in the hot weather. The *London Sanitary Record* says, on this subject, that the sources of poison in drinks of this kind are twofold, being either due to incidental impurities in the ingredients—whether acids or salts—or to their action upon the mechanical fittings of the bottles in which they are enclosed, or to the apparatus in which they are made, and the consequent production of symptoms of lead poisoning. Some time since, when public attention was directed towards the subject considerably, more or less important quantities of lead were found to be frequently present in the artificial lemonades of commerce and in other artificial aerated drinks. Organic and mineral impurities are not the worst enemies which the consumers of artificial waters have to fear when these waters are not prepared from sources of the utmost purity. There is a well-known case in which a shooting party, who partook freely of artificial mineral waters, were, on separating, attacked in their different homes by typhoid fever, traced to the organic impurity of the drinks which they had been consuming. The occurrence of startling incidents such as these serve especially to direct attention to the advantages of an absolutely pure natural mineral water. One of the first circumstances which gave a great impulse to the popularity which Apollinaris Water has now so largely achieved and so firmly established, was the public statement of an eminent hospital physician in London, a Fellow of the Royal Society, in which he described how he had himself been suffering for many months from chronic symptoms of poisoning, of which he was unable to determine the source until, having identified the cause of his disease as being lead poisoning, he succeeded in tracing it to his habitual use of soda water in syphons. The soda water had taken up enough lead from the fittings of the syphons in which it was enclosed, frequently for long periods before use, to produce the symptoms of chronic lead poisoning.

Probability of Cheap Quinine.

The trade journals state that quinine will probably be much cheaper, owing to the large production of cinchona bark, the stock in the port of London alone amounting to over 37,000 packages. The point seems to have been reached when the supply can more than meet the demand, unless, under very exceptional circumstances, and it is likely that a period of low price

for quinine will now set in. At present, the prices for English and French manufacture are high in comparison with those for German make, in consequence of special contracts. It is quite certain that, for some time to come, the arrivals of bark will continue to increase, and it is probable that the proportion of the imports rich enough in alkaloid to be worth working will also become larger. That a further reduction will result in the price of quinine, if no exceptional demand should occur, is almost certain, and it may be considerable.

Holders of South American barks who have tried to maintain prices for some time, and have refused to let their stocks go, have lately had to put them on the market.

One of the chief influences affecting the cinchona market, has been the introduction of the so-called Cuprea barks, which seem to be well suited for manufacturing purposes. These barks come from the State of Santander, in Columbia, and it is yet unknown to what extent a supply from that source may be expected. The bark is named "Cuprea," from its copper-looking appearance.

An interesting experiment is to be tried in West Central Africa, by the members of the Livingstone Inland Mission. Seeds of the different species of cinchona, which have been obtained from the government plantations in India, are to be sent out to them with a view to ascertaining whether it could be successfully cultivated in the mountain valleys of the Congo.

The Yield of Opium.

A correspondent of the *Chemist and Druggist* writes from Smyrna to that journal, about the opium crop:—

This season's yield, according to all appearance, will be one of the most abundant ever known. The sowings were enormous, in consequence of the cheapness of the poppy seeds and the extreme dearth and scarcity of all other grains. The high prices of last year further encouraged growers to sow opium, and their crops have been favored by rains just when necessary, and by exceptionally propitious temperature, so that there is prospect of a supply which was, perhaps, scarcely hoped for even by the growers.

Items.

—The deaths in New York City during July numbered 4250, against 3380 during July, 1880.

—Professor Charcot, the eminent Paris neurologist, is said to have been paid \$10,000 for a consultation in St. Petersburg.

—Dr. Clouston's criticisms of our extravagant and wasteful system of caring for the insane are perfectly justified by the facts, the *Courier-Journal* thinks.

—A scene both ludicrous and ghastly was presented in a recent case of attempted suicide in Columbus, Ohio. The woman who wished to end her life hired a little boy, ten years old, to assist her in the desperate deed. She succeeded in breaking, not her neck, but her nose; and at the subsequent judicial investigation that was made the

the boy testified as follows: "She got on the box, and I asked her for the ten cents before she put her head in the rope. She wouldn't give me the ten cents, and I let her go, and she didn't put her head in. She hollered and fell down, and then you men came running, and I got out of the way."

OBITUARY NOTICES.

GOVERNOR GOVE SAULSBURY, M.D.

Gove Saulsbury, M.D., died July 31, at Dover, Delaware, after five days' sickness. The Doctor was the son of Thomas Saulsbury, and was born in Mispillion Hundred in 1825. When he had finished his medical studies he settled at Dover. Having a taste for politics, he entered actively into the campaigns and was soon honored with a seat in the Senate. Subsequently he was elected Speaker. In 1863, when William Cannon, the then Governor of the State, died, Dr. Saulsbury was the person who, by virtue of his office, was elevated to fill the Governor's place, and subsequently was re-elected. Later in life he gave up politics, applied himself assiduously to his practice, and was only interrupted by failing health. Although he had thrived and become moderately wealthy, he still attended office patients with the faithfulness and skill of younger years. He was a consistent member of the Dover M. E. Church, and one of its largest contributors.

REV. STEPHEN TOWNSEND, M.D.

Died July 29th, in this city. He was born in 1804, and was one of the oldest preachers connected with the Methodist Episcopal Conference of this city. When nearly sixty years of age, he began to study medicine, and graduated from the Jefferson Medical College in 1865, and also took the degree of Doctor of Philosophy and Medicine from the University. He was the father of George Alfred Townsend, the journalist, and of the late Dr. Ralph Townsend of this city.

QUERIES AND REPLIES.

Impotency.

Dr. R. H. Sabin, of West Troy, would suggest to Dr. J. D., of Mo., the use of fluid ext. of damiana in 10 drops doses three times a day, as one of the best remedies he ever used for that difficulty.

[We should like Dr. J. D. to report the success or failure of this drug, if he uses it. In our own practice it has failed. ED. REPORTER.]

Zeta.—The notion that fish is "brain food," and that its consumption strengthens the intellectual powers in some special manner, we have always regarded as an absurd hypothesis.

Dr. M. K. A., of Ind.—The *Archiv für Klinische Medizin* is published in Leipzig. Subscribe through E. Steiger & Co., New York City.

Dr. M. of Texas.—We shall endeavor to procure from a competent hand an article on the subject you mention.

DEATH.

ATKINSON.—On the 22d ult., ELIZABETH P. widow of the late Samuel Atkinson, M.D., in the 84th year of her age.